Human Immunodeficiency Virus Reporting by Non-Name Code:

A Manual for Health Care Providers and Laboratory Staff

Developed by ETR Associates for
the California Department of Health Services, Office of AIDS
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Chapter 1

Introduction

Background on HIV reporting by non-name code in California and on how this manual is organized

HIV and AIDS Surveillance

On July 1, 2002, California joined the ranks of 48 other states that require reporting of human immunodeficiency virus (HIV).[1] In California – as in 14 other states – HIV infections are reported using a non-name reporting system. (An additional 34 states have name-based HIV reporting systems.)[2] This manual describes how California laboratories, health care providers, and local health departments can comply with the regulations that require HIV reporting.

The purpose of conducting public health surveillance is to determine ongoing patterns of disease occurrence and the potential for disease in a population. Agencies use surveillance data to describe and monitor health events in their jurisdictions; set priorities; and assist in the planning, implementation and evaluation of public health interventions and programs. The most well established systems for surveillance are usually those that monitor the occurrence of communicable diseases through required reporting by health professionals such as physicians and laboratories.

The use of health-related information for public health purposes is critically important for preserving, monitoring and improving population-based health as well as the personal health of individuals. HIV and Acquired Immunodeficiency Syndrome (AIDS) surveillance information serves as a scientific basis for programs and policies aimed at preventing and reducing the incidence of HIV infection, HIV-related conditions and death.

[1]Georgia utilizes an anonymous reporting system and cannot match or unduplicate case reports.

[2]CDC. Diagnosis and Reporting of HIV and AIDS in States with HIV/AIDS Surveillance - United States, 1994 - 2000. *MMWR* 51(27);595-598.

Several sections of California's Health and Safety Code are relevant to HIV reporting. They include:

- Health and Safety Code, Section 120125 – requires the California Department of Health Services (Department) to examine the causes of communicable disease occurring or likely to occur in the state.
- Health and Safety Code, Section 120130 – authorizes the Department to establish a list of reportable communicable or non-communicable diseases and requires that the local Health Officer report those diseases to the Department.
- Health and Safety Code, Section 120140 – authorizes the Department, upon being informed by a Health Officer of a contagious, infectious or communicable disease, to ascertain the nature of the disease and prevent its spread. To accomplish this, California Code of Regulations (CCR), Title 17, Division 1, Chapter 4, Subchapter 1, Article 1, Section 2500, subsection (b) directs health care providers to report diseases or conditions listed in subsection (j) to the local Health Officer.

AIDS Surveillance Data and its Limitations

Since the AIDS epidemic was first identified in the United States in 1981, population-based AIDS surveillance (reporting of AIDS cases and their characteristics to public health authorities for epidemiologic analysis) has been used to track the epidemic.

In 1993, national AIDS incidence and AIDS related deaths began to decline for the first time during the epidemic. Declines have been primarily attributed to the use of combination antiretroviral therapies, which delay the progression from HIV infection to an AIDS diagnosis and death. Prior to the emergence of effective drug treatment therapies for HIV infection, AIDS surveillance data was a reasonable, although not timely, method for detecting changing patterns of HIV transmission. AIDS surveillance data are currently used as a contributing factor to allocate federal resources for AIDS-related treatment and care services and as the epidemiologic basis for planning local HIV prevention and care services.

Changes in the medical standard of care for HIV-infected individuals have produced a delayed progression from HIV infection to AIDS diagnosis. As a result, AIDS surveillance statistics alone no longer reliably reflect the course of the epidemic or trends in HIV transmission, and are less useful for targeting HIV education, prevention and care efforts.

HIV and AIDS Surveillance in California

In California, individuals diagnosed with AIDS are reported by name to the public health authorities. AIDS case information for the state is maintained in the California Department of Health Services, Office of AIDS (DHS/OA) HIV/AIDS Case Registry – a confidential, central registry of demographic and clinical information. Registry staff collect data from local health departments throughout the state and forward the information, without personal identifiers, to the federal Centers for Disease Control and Prevention (CDC) as part of national AIDS surveillance.

Until July 2002, HIV infection without an AIDS diagnosis was not reportable in California. Lack of this information limited the state's ability to perform epidemiologic analysis to help monitor and project the extent of the HIV/AIDS epidemic, plan prevention strategies, and identify at-risk populations.

In December 1999, the CDC recommended that all states move to an HIV reporting system. While preferring a names based system, the CDC was supportive of code based systems as well. However, the CDC did establish certain minimum standards to be met by all systems.[3]

CDC Performance Standards for HIV Reporting

- HIV case reporting should be at least 85% complete
- At least two-thirds of the cases (66%) should be reported to the CDC within 6 months of diagnosis.
- Fewer than or equal to 5% of the cases can be duplicates or involve incorrectly matched case reports.
- At least 85% of HIV cases should have documented risk.

Benefits of HIV Surveillance

According to the CDC, states that report both HIV infection and AIDS have documented that the prevalence of those living with HIV infection, combined with those living with an AIDS diagnosis, provides a more realistic and useful estimate of the resources needed for patient care and services than AIDS data alone. The combination of HIV and AIDS surveillance data provides a minimum estimate of individuals known to be HIV-infected. These data do not represent total prevalence of HIV infection, for not all HIV-infected people seek testing. Others may test with home collection kits and many test at anonymous testing sites, which are not included in surveillance data. HIV case surveillance characterizes HIV-infected populations including persons with evidence of recent HIV infection such as infants, adolescents and young adults.

Statewide reporting of HIV infection in California will provide a strong basis for:

- prioritizing services for persons and communities in greatest need,

[3]CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome. MMWR 1999; 48 [No. RR-13]

- setting evidence-based prevention priorities,
- understanding how prevention strategies influence disease trends,
- estimating future resource needs,
- comparing the allocation of funds with the distribution of the epidemic, and
- evaluating the effectiveness of public health prevention and treatment recommendations.

Future Ryan White Comprehensive AIDS Resources Emergency (CARE) Act funding levels will hinge on California's ability to document the number of people living with HIV and AIDS.

Ryan White CARE Act Funding

Ryan White CARE Act funding addresses the unmet health needs of persons living with HIV disease by funding primary health care and support services that enhance access to and retention in care.

As with other states, CDC will provide technical assistance to DHS/OA to determine whether California's non-name code reporting system complies with Ryan White CARE Act performance standards.

California's HIV Reporting System

California's HIV surveillance system collects data for HIV cases using a non-name code. The non-name code is comprised of a number of elements used together to establish the 'uniqueness' of the code.

In California, individuals may choose to be tested for HIV in anonymous or confidential testing venues, both public and private. In accordance with Health and Safety Code Sections 120890-120895, free anonymous HIV antibody testing is available at Alternative Testing Sites (ATS) administered by local health departments. Anonymous testing is also available in some clinical settings other than an ATS, such as family planning and other health department clinics. Anonymous HIV testing maintains the anonymity of the patient because clients never disclose their names or any personally identifying information. Confirmed HIV test results for patients of an ATS or other anonymous HIV testing program, or a blood bank, donors at a plasma center, or participants of a blinded and/or unlinked seroprevalence study are not reported. In contrast to anonymous testing, public health programs also offer confidential HIV anti-body testing and can link the patient to the test result in a restricted manner that protects patient confidentiality. Confidential HIV test sites are required to report confirmed HIV tests.

In addition to tests that confirm the presence of HIV antibodies, tests used to monitor HIV infection are also reportable such as viral load testing and viral cultures. The remainder of this training curriculum discusses which tests are reportable and how cases are to be reported by health care providers and laboratories.

AIDS vs. HIV Reporting in California

California's HIV reporting system is designed to track trends in the HIV epidemic while protecting the privacy of those who receive a confirmed HIV test result. The reporting process involves five separate parties: the health care provider who orders the test, the laboratory that performs the test, the local health department, the DHS/OA, and the CDC. The local health department, DHS/OA, and the CDC will not have a record of the name of the HIV-infected individual, only the case report with the non-name code.

An AIDS diagnosis is determined by the presence of HIV infection in conjunction with one or more specified opportunistic infections or clinical manifestations. Since 1983, AIDS cases have been reported by name to local health departments. In comparison, HIV infection is determined by the results of an HIV antibody test or tests used to monitor HIV infection. HIV tests are conducted by laboratories; therefore, laboratories are a vital link in the HIV reporting system. The HIV reporting regulations mandate laboratory reporting of confirmed HIV tests and correspond with current law that requires laboratories to report certain other communicable diseases to public health authorities. Laboratory reporting of HIV infection to the local health department will serve as a control for determining the total number of confirmed HIV tests in a jurisdiction, as well as the location of the health care provider that originates the test (for follow-up purposes).

Matching HIV Reports

Confirmed HIV tests (reported by laboratories) and HIV case reports (submitted by health care providers) will be matched a number of times throughout the reporting process to ensure that duplicate reports are discovered and eliminated. The local health department surveillance staff shall perform the first match by comparing the reported laboratory test result to the local HIV/AIDS database to determine if an HIV case report already exists.

The second match, also performed by the local health department, matches unduplicated laboratory test results to new HIV case reports previously submitted by health care providers. Potentially new cases will be checked against the statewide database by contacting DHS/OA HIV/AIDS Case Registry. The Registry then submits new cases to the CDC.

If duplicate reports from differing jurisdictions are discovered, DHS/OA staff will contact the two health departments and a determination will be made by the two local health departments as to where the individual was living at the time of the first confirmation of HIV infection.

Protecting Confidential Data

Local health departments and the DHS/OA securely store HIV case report data in a manner consistent with AIDS case reports. Data are stored in a computer database secured and isolated from outside contact, and paper files are in a locked file within a secured area.

About This Manual

The current regulations – Title 17, Division 1, Chapter 4, Subchapter 1, Article 3.5, Sections 2641.5-2643.2 of the California Code of Regulations (CCR) – describe the responsibilities of laboratories, health care providers, and local health departments in reporting HIV by non-name code. These responsibilities are described in greater detail in the remaining sections of this manual.

Chapter 2 provides an overview of the regulations themselves, including a matrix of each section's language and source, a flow chart showing who does what (and when), and key terms to know.

Chapter 3 covers the regulations that apply to health care providers.

Chapter 4 reviews the regulations that apply to laboratories. (Both chapters 3 and 4 offer step-by-step guidance on reporting requirements, recordkeeping, cross-reference systems, and special considerations unique to each entity.)

Chapter 5 sums up frequently asked questions about situations that may occur – such as missing data, multiple laboratories, test duplication, patients tested and living in different states, and so on.

ICON KEY


Reminders


Regulations


Forms


Resources for more information

Throughout the manual, we have used several icons to highlight different types of information, as shown in this key.

For example:

For more information . . .

Visit the DHS/OA web site: **www.dhs.ca.gov/AIDS**. For more information on training events and materials, contact ETR Associates at www.etr.org/hivnonname.

The next chapter – Chapter 2 – introduces the regulations.

Chapter 2

The Regulations: An Overview

Highlights of the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 3.5, Sections 2641.5-2643.20.

Regulations At-A-Glance

The regulations specifying how new HIV cases are to be reported are in California's Code of Regulations, Title 17. Entitled "Reporting of Human Immunodeficiency Virus (HIV) Infection," the regulations include definitions and specific reporting requirements for healthcare providers, laboratory staff and local health departments. Each of these steps is described in detail in the next two chapters, but for quick reference, we have provided the actual regulations in Appendix A.

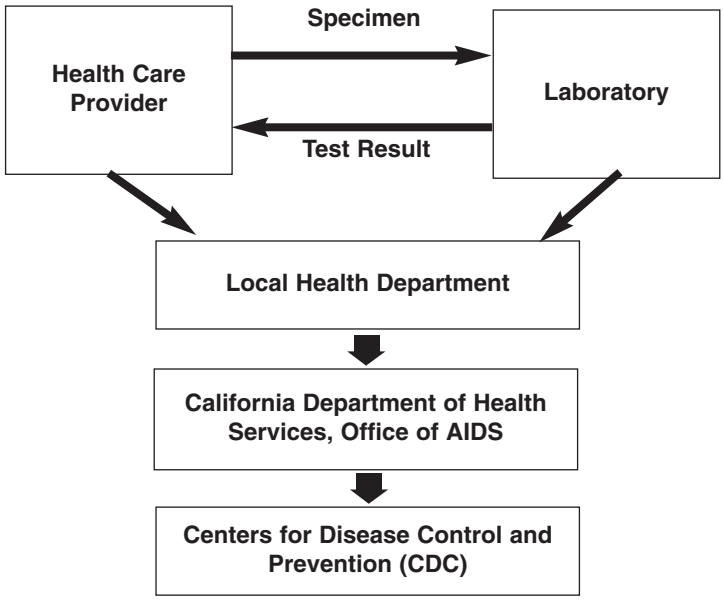
The Regulations Say . . . .
In addition to Appendix A, specific **regulations** relevant to each section are provided throughout this guide. **They are marked with the symbol of an open book.**

The Reporting Process

A simple way to visualize the regulations is shown in the flow of information about HIV test results in Figure 2.1, below.

As Figure 2.1 demonstrates, the HIV reporting process is a laboratory-driven, **dual reporting system** in which health care providers and laboratories report to the local health department (a county or large city health department). The laboratory's finding of a confirmed HIV test result triggers the system. The local health department, in turn, reports cases to the DHS/OA, which then reports to the CDC. Although this process is specific to HIV, it is similar to the flow of information typical of other reportable diseases.

Figure 2.1: The Dual Reporting System for Non-Name HIV Reporting



At each step, the reporting entity has specific responsibilities to add information that will be used by local, state, and federal public health agencies to create unduplicated counts of HIV cases. More information on the forms and timelines required for each step will be provided in Chapters 3 and 4; a more detailed version of the flow chart is provided in Appendix B.

Speaking the Same Language: Terms to Know

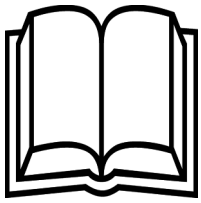
Terms covered in this section:

- Health care provider
- Laboratory
- Anonymous testing
- Confidential testing
- Confirmed HIV test
- Non-name code
- Confidential HIV Antibody Test Form
- HIV/AIDS Confidential Case Report form

Like other regulations, the success of California's HIV reporting system hinges on a common understanding of what is required from each entity. This section highlights some of the key terms used throughout the regulations. (For a full set of definitions, see the actual regulations in Appendix A.)

Who reports?

Who is covered by the regulations? The regulations cover three types of organizations: health care providers, laboratories, and public health agencies. The term "**Health Care Provider**," used throughout the regulations, refers to anyone who submits specimens to a laboratory for testing for the presence of HIV and receives the test results back from the lab. This includes not only clinicians in settings where people are tested for HIV (physicians, surgeons, nurses), but also counseling staff in publicly funded confidential HIV counseling and testing programs.

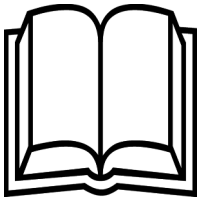


"Health Care Provider" means an individual who submits a biological specimen to a laboratory for a test to detect the presence of HIV, a component of HIV or antibodies to or antigens of HIV, receives the test results, and is:

a) licensed under the provisions of Business and Professions Code, Division 2 (Healing Arts) and acting within his or her scope of practice, or;

b) a designee of a physician and surgeon acting under the general supervision of that physician or surgeon, or;

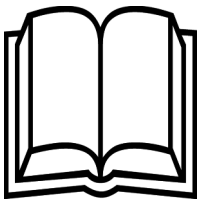
c) a person working in a publicly-funded confidential counseling and testing program acting under the general supervision of, and following the protocols approved by, the local Health Officer for the local health department.



"Laboratory" means a 'clinical laboratory,' a 'physician office laboratory,' or a 'public health laboratory,' as defined in Business and Professions Code, Section 1206, that is authorized to perform clinical laboratory tests or examinations in California, or a clinical laboratory located outside of the State of California that is licensed pursuant to Business and Professions Code Section 1241(a) and that tests specimens originating in California.

The term "**laboratory**" covers California laboratories that are authorized to perform clinical laboratory tests or examinations in California, such as clinical laboratories, laboratories in physicians' offices, and public health laboratories. Laboratories outside of California that are licensed to test specimens that originate in California are also subject to the reporting requirements.

Some individuals and entities are **exempt** from the HIV reporting regulations: anonymous HIV test sites (including Alternative Testing Sites), blood banks, plasma centers, and some research studies (such as blinded and/or unlinked seroprevalence studies).



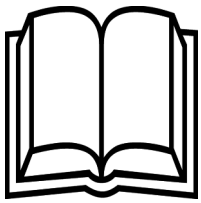
Anonymous vs. Confidential HIV Testing

The term "**anonymous**" in the context of HIV testing means that there is no link between the name of the person tested and the test results. Alternative and other anonymous test sites do not seek or receive any identifying information about their patients, so they are exempt from HIV reporting requirements.

"Anonymous HIV Test" means an HIV test that maintains the anonymity of the patient.

In contrast, "**confidential**" testing means that a test result can be linked to a specific patient, but this link is restricted to persons involved in the diagnosis, care, or treatment of the patient and is not released further without patient consent so that the patient's identity is protected against unauthorized disclosure.

"Confidential HIV Test" means an HIV test that links the test results to the patient in a restricted manner to protect against unauthorized disclosure of the identity of the patient.



What gets reported?

Which tests must be reported? HIV reporting is triggered when the laboratory determines a confirmed test for HIV. The term "confirmed HIV test" has a very specific meaning. It refers to a confirmed serology test that:

- Verifies the presence of HIV infection, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody (IFA) tests; or
- Is used to monitor HIV infection, including HIV nucleic acid detection (e.g., viral load).

Note that a positive enzyme-linked immunoabsorbent assay (ELISA) test – even a series of several positive ELISA results – should not be reported unless it has been confirmed by Western blot or IFA. Similarly, tests that monitor drug resistance or fluctuations in T-cell counts should not lead to HIV reporting. (Note that a separate protocol is in place for reporting cases of AIDS.)

Note also that all viral load tests are reportable - even those with an "undetectable" result.

"Confirmed HIV test" means:

a) a procedure that verifies the presence of HIV infection as determined by any clinical laboratory test or examination used to detect the presence of HIV, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody tests; or

b) for the purpose of this Article, all tests used to monitor HIV infection, including HIV nucleic acid detection.

What Does NOT Get Reported?

Laboratories are ***not*** required to report findings from the following tests to the local health department:

Enzyme-linked immunoabsorbent assay (ELISA) or enzyme immunoassay (EIA)

CD4 or CD4/CD8 ratios

Drug resistance tests (genotypic, phenotypic)

What Is the Non-Name Code?

Instead of using names, the HIV reporting system relies on a code created from several existing pieces of information. This 17-digit code is essential for establishing an accurate, unduplicated case count. For this reason, it is critical that health care providers and laboratories thoroughly comply with the record-keeping aspects of the HIV reporting regulations.

The non-name code includes the following elements:

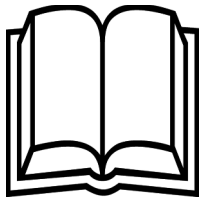
- A **Soundex** code. (Soundex is an algorithm that produces a four-digit code from the first letter and subsequent consonants of a person's last name, consisting of one letter and three numbers. Once it is generated, it cannot be used in the reverse direction to figure out a person's identity.)
- The patient's **date of birth** (in the format of mm/dd/yyyy – e.g., 03/06/1963 for March 6, 1963).
- The patient's **gender** (1-male, 2-female, 3-transgender male-to-female, or 4-transgender female-to-male).
- The last four digits of the patient's Social Security Number. (If these are not available, four zeroes are used instead.)[4]

"Non-Name Code" means a designation required by Section 2643.5 of this Article, that does not readily identify an HIV-infected individual. Components of the Non-Name Code shall be listed in the following order, and shall consist of an individual's:
a) Soundex code;
b) Complete date of birth (2-digit month, 2-digit day, 4-digit year);
c) Gender (male [1], female [2], trans gender male-to-female [3], or trans gender female-to-male [4]); and
Last four digits of the Social Security Number (if not available, use four digits of zero).

Partial Non-Name Code

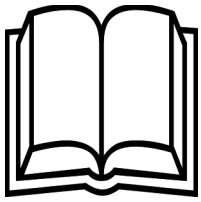
The first three elements – Soundex code, date of birth, and gender – comprise a **partial non-name code** (i.e., one with all the elements except the last four digits of the Social Security Number).

The laboratory generates a Soundex code and returns the partial non-name code that corresponds to a specific *confirmed* HIV- test result back to the provider (along with the test result and the lab-generated report number). The provider then adds the last four digits of the patient's Social Security Number to the partial non-name code to create a 17-digit non-name code.



"Soundex code" means a phonetic, alphanumerical formula that is used to convert the first letter and sequential consonants of an individual's surname into an algorithm. The Soundex code instructions are identified by the Department as form DHS 8641 SC (9/01), hereby incorporated by reference in this Article.

[4] Every effort should be made to obtain the last four digits of a patient's Social Security Number. Patients should be reminded that these four digits cannot be linked to their identity.



"Partial Non-Name Code" means a designation required by Section 2643.10 of this Article, that does not readily identify an HIV-infected individual. Components of the Partial Non-Name Code shall be listed in the following order, and shall consist of an individual's:

a) Soundex code;
b) Complete date of birth (2-digit month, 2-digit day, 4-digit year); and
c) Gender (male [1], female [2], transgender male-to-female [3], or transgender female-to-male [4]).

Comparison of Sample Non-Name Code and Partial Non-Name Code

Non-name Code: B2601024195227382

(17 digits: Soundex code, date of birth, gender, and last 4 digits of Social Security Number)

Partial Non-name Code: B260102419522

(13 digits: all of the above – Soundex, date of birth, and gender — *except* last 4 digits of Social Security Number)

The Paper Trail: HIV Non-Name Code Reporting Forms

The HIV reporting system incorporates some existing forms already familiar to health care providers and laboratories and adds some new ones. These are briefly summarized below and copies of each of the forms are provided in Appendix C.

Forms used by publicly funded testing sites, other providers, and laboratories are listed below. Features of different laboratory preprinted requisition forms are shown in Table 2.1.

Reporting entities: health care providers and laboratories

- Providers use a laboratory's preprinted requisition form to request an HIV test. The **provider** fills out an initial set of information (the patient's last name, date of birth, gender, date the specimen was collected, and the provider's name, address, and telephone number). This form accompanies the specimen to the **laboratory**, and if the test result is reportable, more information is added (test results, report number assigned by laboratory, and Soundex code).

- When a confirmed test is determined, the laboratory converts the last name to Soundex and provides the Soundex to the health care provider, along with the test result.

- Laboratories report to local health department HIV/AIDS Surveillance Programs by manual or electronic methods. The laboratory report may not include the patient's name but must include: patient's Soundex code, complete date of birth, gender, date specimen tested, name, address and telephone number of the provider and laboratory, laboratory findings of test performed and specimen report number assigned by the laboratory.

- For all positive test on patients not previously reported, health care providers complete adult (green) or pediatric (gold) HIV/AIDS Confidential Case Report forms (DHS 8641 A or 8641 P) and submit the completed form to their local health department HIV/AIDS Surveillance Program.

Publicly funded counseling and testing sites

- Publicly funded confidential HIV testing sites use a new *red* Confidential HIV Antibody Test laboratory slip (DHS 8257C (1/02)) to request an HIV test and to report confirmed results to local health departments. (The purple laboratory slips are for anonymous testing in anonymous test sites only, and do not trigger HIV reporting.)
- Like other providers, publicly funded confidential HIV testing sites complete adult (green) or pediatric (gold) HIV/AIDS Confidential Case Report forms (DHS 8641 A or 8641 P) and submit the completed form to their local health department HIV/AIDS Surveillance Program.

Optional laboratory forms

- **Laboratories** using a paper-based reporting process may use the suggested model form entitled "Notification of Confirmed HIV Test Result by Laboratory to Local Health Department" to report. (A copy of the suggested paper report from and information on submitting confirmed HIV test results electronically is provided in Appendix F.)

Table 2.1: Laboratory Preprinted Requisition Forms

Form:	Laboratory preprinted requisition forms	Red Confidential HIV Antibody Test form (DHS 8257C (1/02))	Purple Anonymous HIV Antibody Test form (DHS 8257A (1/02))
Used by:	Health Care Providers, some publicly funded HIV counseling and testing (C&T) sites	Majority of publicly funded confidential HIV C&T sites	ATS, other anonymous publicly funded HIV C&T sites
Specimen report number as assigned by the laboratory	Unique specimen number assigned by the laboratory or other laboratory accession number	California DHS/OA 8-digit client ID number	California DHS/OA 8-digit client ID number
Should a confirmed HIV test be reported to the health department?	Yes, unless the specimen came from an exempted site	Yes	No

Chapter 3

Health Care Providers: Step-by-Step HIV Reporting

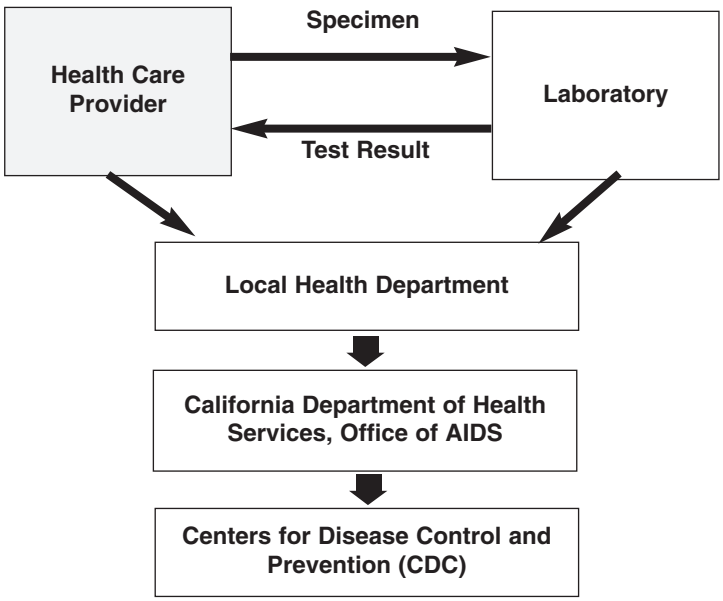
How providers participate in the HIV reporting system

Step 1: Setting Up A Reporting Protocol

When a California resident is tested for HIV, the provider who submits the specimen to a laboratory for testing and receives the confirmed test results from the laboratory is responsible for reporting to the local health department. (Note that this definition includes counselors at confidential HIV counseling and testing sites.)

Figure 3.1, below, shows the health care providers responsibility in the HIV non-name code reporting process.

Figure 3.1: The Dual Reporting System for Non-Name HIV Reporting



The first step for a health care provider is to set up a protocol for the reporting responsibilities, including designating a staff member to be responsible for reporting HIV cases to the local health department. This person should work directly with the provider's local health department to assure that cases are reported accurately and within the time frames required by the regulations. If necessary, providers should contact their local health departments for assistance in establishing a protocol.

As described below, the steps a protocol should cover include forwarding specimens and the laboratory's preprinted requisition slips to the laboratory, adding the last 4 digits of a patient's Social Security Number to create a non-name code, completing and forwarding HIV Confidential Case Report forms to the local health department, and maintaining a cross-referencing system to track tests and results to facilitate communication with surveillance staff.

Step 2: Specimen and Laboratory Slip to Laboratory

On the laboratory's preprinted requisition slip,[5] the provider records the following information to accompany the blood specimen to the laboratory:

- The date the specimen was collected (mm/dd/yyyy)
- The patient's last name
- The patient's gender (male, female, transgender male-to-female, or transgender female-to-male, as reported by the patient)
- The patient's complete date of birth (mm/dd/yyyy)
- The health care provider's name, address, and telephone number and the clinic's or facility's name, address, and telephone number (if different from the provider's).

Recording Surnames (Last Names)

Some clients may use two last names or hyphenated names. If this is the case, please enter both last names as one word in the "surname" box on both the laboratory slip, omitting hyphens. Since Soundex codes are created from surnames, we can only be sure of unduplicated reports of HIV cases if the names are recorded consistently and accurately.

[5] Publicly funded confidential HIV counseling and testing sites may use the red "Confidential HIV Antibody Test" laboratory slip (DHS 8257C (1/02)). The red laboratory slip is a new form to be used for confidential HIV testing only. It replaces the purple form that was used before July 1, 2002 for both confidential and anonymous HIV tests. Since July 1, 2002, when the HIV reporting regulations went into effect, the purple form is used only for anonymous testing (which does not require reporting of confirmed HIV test results).

Once the laboratory receives the specimen from a health care provider, tests the specimen, and obtains a confirmed HIV test result, the laboratory begins its own portion of the reporting process. (The laboratory's specific reporting requirements are discussed in greater detail in Chapter 4. Samples of the laboratory's preprinted requisition slips are provided in Appendix C.)

The provider must receive confirmed HIV test results from the laboratory within 7 calendar days of the laboratory's final determination. The laboratory must also supply the provider with the following additional information:

- Test results;
- Soundex code that the laboratory creates from the patient's last name; and

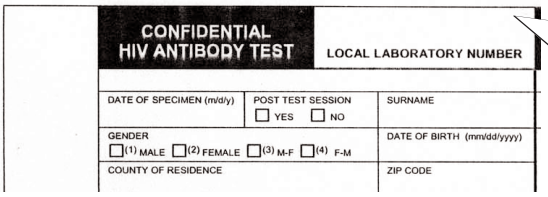
Note that the Soundex code, when combined with the date of birth and gender, forms the partial non-name code. The provider will complete the code by adding the last four digits of the patient's Social Security Number and record this 17-digit non-name code on the Confidential Case Report form, as described below.

Where is the Soundex code?

Current laboratory reports to health care providers may not include a specific labeled spot for entering the Soundex code. This is the 4-digit code (1 letter and 3 numbers) that will be transferred by the health care provider to the "Soundex code" boxes on the Confidential Case Report forms (discussed in the next step). Laboratories should determine an appropriate empty space where the code will be entered and clarify the field for the provider.

For example, the current version of the red laboratory slip (Confidential HIV Antibody Test – DHS 8257C, 1/02) for publicly funded HIV confidential counseling and testing sites does not include a specific, labeled spot for entering the Soundex code. Laboratories will be asked to enter the code in the empty space just above the patient's surname or make arrangements with the local health department counseling and testing coordinator.

Publicly Funded Confidential Test Sites



The Soundex code could be recorded in this space by laboratories conducting tests for publicly funded confidential HIV counseling and testing sites.

Step 3: Reporting to Local Health Departments

After receiving a positive test result on a previously unreported individual from the laboratory, the health care provider has 7 calendar days to complete the Confidential HIV Case Report Form and send it to the local health department. If the provider, patient, and laboratory are located in different places, health care providers should forward information about new HIV cases to the local health department in which the *provider's office* is located or the service was provided – not where the patient lives or the laboratory is located.

Completing the Confidential Case Report Form

Providers report HIV cases to their local health departments using adult (green) or pediatric (gold) **HIV/AIDS Confidential Case Report** (DHS 8641 A (9/01) or DHS 8641 P (9/01)). Samples of completed forms are provided in Appendix C.

Table 3.1, below, lists the information required by each section of the form.

Table 3.1: Sections of Adult and Pediatric HIV/AIDS Confidential Case Report Forms

Adult		Pediatric	
I.	Health Department Use	I.	Health Department Use
II.	For HIV and AIDS Cases;For Non-AIDS Cases Only	II.	For HIV and AIDS Cases; For Non-AIDS Cases Only
III.	Demographic Information	III.	Demographic Information
IV.	Facility of Diagnosis	IV.	Facility of Diagnosis
V.	Patient History	V.	Patient/Maternal History
VI.	Laboratory Data	VI.	State/Local Use
VII.	State/Local Use	VII.	Laboratory Data
VIII.	Clinical Status	VIII.	Clinical Status
IX.	Treatment/Services Referrals	IX.	Provider information
X.	Comments	X.	Birth History
XI.	Provider Information	XI.	Treatment/Service Referrals
		XII.	Comments

Except for the sections on maternal risk and birth history on the pediatric version, both adult and pediatric HIV Confidential Case Report forms request similar information. In order to complete them, providers should collect as much risk factor information as possible before ordering the HIV test. Documenting risk factors is an important part of California's efforts to target educational and prevention efforts. Additionally, federal Ryan White CARE Act funding will depend on the state's ability to document valid risk information on at least 85% of individuals with reported positive tests.

A sample of a complete Confidential Case Report form can be found in Appendix C.

To make completion of the Confidential Case Report forms as efficient and accurate as possible, the DHS/OA recommends the following:

- Identify and assign a staff member to be responsible for HIV reporting.
- Assure that all information necessary to complete the Confidential Case Report form is available to the staff member:
  - Risk documented
  - Surname
  - Date of birth
  - Social Security Number (or last 4 digits)
  - Type of test
  - Dates specimen ordered, collected
  - Date laboratory returned test result

After entering the date on which the form is completed (in the upper left-hand corner), the first entries for providers will occur in Section II of the Confidential Case Report form, shown below.

Section II of HIV/AIDS Confidential Case Report

II. For HIV and AIDS Cases			For Non-AIDS Cases Only		
Soundex Code	Date of birth Month Day Year	Gender 1 M 3 M→F 2 F 4 F→M	Last four digits of SSN	Lab report number	*Confidential C&T number *Publicly funded confidential counseling and testing sites only

Section II asks for the following information:

- Soundex code (provided by the laboratory)
- Date of birth
- Gender
- Last four digits of the patient's Social Security Number
- Specimen report number assigned by the laboratory.

What if the Social Security Number is not available?

Providers should make every attempt to obtain correct Social Security Number digits to assist local health departments in creating a reliable database for matching and unduplicating HIV case reports. The last four digits of a patient's Social Security Number cannot be used to trace him or her. However, if the patient's Social Security Number is not available, enter four zeroes instead.

The combination of a Soundex code, date of birth, gender, and last four digits of the patient's Social Security Number creates the **17-digit non-name code** that local and state public health authorities will use to make sure HIV cases are not duplicated (e.g., from multiple tests or multiple providers). For this reason, accurate information is essential. Likewise, to maintain consistency and accuracy, the HIV reporting regulations require that laboratories – not providers – generate the Soundex code.

Note that the HIV/AIDS Confidential Case Report form is to be used when reporting a new case of HIV to the local health department. The same form is required for reporting an AIDS case at the time of an AIDS diagnosis, using the appropriate sections of the form, even if someone has previously been reported as an HIV case.

Need help with the Confidential Case Report?

Technical assistance is available for health care providers. Contact your local health department.

Maintaining a Cross-Referencing System

A cross-referencing system allows health care providers to quickly access information on reportable HIV cases. Such a system is required by the HIV reporting regulations and must include either the complete Non-Name code or the partial Non-Name code. It can save valuable time and resources in those instances in which the local health department needs to track down missing information or investigate possible duplicate reports.

A cross-referencing system is also useful for providers themselves, since providers may receive multiple laboratory reports confirming HIV or viral load results. With a cross-referencing system, providers can make sure that they report each HIV case to their local health department only once.

The DHS/OA has prepared an example that can be used for cross-referencing HIV cases by the available data elements – whatever they may be. This format, presented in Appendix D, is offered as a potentially time-saving suggestion that will help everyone involved in the new non-name reporting system when missing data must be found.

It is suggested that the following elements be included:

- Patient's name (last name, first name)
- Medical record number
- Soundex code
- Date of birth (mm/dd/yyyy)
- Gender
- Social Security Number (last four digits)
- Report number assigned by laboratory
- Laboratory name
- Date HIV reported to local health department
- Date AIDS reported
- Comments

Sample Cross-Reference System

Patient's name Last, First)	Medical record #	Soundex code	Date of Birth (mm/dd/yyyy)	Gender	SSN (Last 4 digits)	Lab-generated Report #	Lab Name	Date HIV reported to LHD
Smith, John	*021145*	*S530*	*05/25/82*	*male*	*9092*	*123456789Q*	*Heath Srvs Agency*	*10/03/02*

Special Considerations for Providers and their Patients

Because of their direct contact with the patients being tested for HIV, health care providers may be faced with questions and concerns about confidentiality and obtaining informed consent.

- **Confidentiality**
  The non-name HIV reporting system is designed to balance the need to maintain unduplicated records of HIV cases with concerns about managing a database that contains patient information. Because a code is used instead of a name, the patient's name can never be reported to the local health department, state, or CDC. Likewise, only the last four digits of a patient's Social Security Number are used. These cannot be traced back to a name; they are used only to differentiate one HIV test result from another.

  Information about patients is confidential and is securely stored. The information that the provider and laboratory collect with the patient's name – such as a laboratory slip – is never forwarded to health authorities with the name still attached.

  Free, anonymous HIV testing remains available as an option to or alternative to confidential HIV testing. However, a patient who tests positive in an anonymous test site will ultimately be reported at the time of treatment.

- **Consent**
  In most testing settings – such as a private physician's office or a hospital – consent procedures may involve oral consent only. In some situations, consent for an HIV test is not required. This is true of court-ordered HIV tests.

  Publicly funded HIV counseling and testing sites follow a specific consent protocol and obtain written consent using a "Consent to Test for HIV" form.

- **Talking Points**

  Talking points for communicating with your patients about the regulations can be found on the next page.

Talking Points to Patients About HIV Non-Name Code Reporting

- HIV is reportable by a non-name code, created from the patient's last name, date of birth, gender, and last four digits of his or her Social Security Number. This assures reliable data while protecting patients' confidentiality.
- It is highly unlikely that the code can ever be used to work backwards and reveal the patient's identity.
- Anonymous testing is available from publicly funded sites for patients who would prefer it.
- All patient information is confidential.
- A positive patient's *name* is not reported. The reporting indicates that a new case of HIV has been diagnosed. Identifying information – Soundex code, birthdate, gender, and last four digits of the Social Security Number – is used solely to ensure that reported cases are distinct from one another.
- Accurate HIV reporting is important to allow California to receive federal HIV and AIDS funding.
- Notifying patients about HIV reporting is not required by the regulations. Whatever protocol is used for informing patients about reporting other communicable diseases could be followed for HIV reporting.

Summary

- **Health care providers** must report confirmed HIV test cases. This includes anyone who submits a biological specimen to a laboratory to be tested for HIV, receives the test results, and is either licensed under the provisions of the Business and Professions Code, Division 2 (doctors, osteopaths, coroners, physician assistants, nurse practitioners, and so on) or acts under the general supervision of a physician and surgeon, or works in a publicly funded confidential counseling and testing program that follows the local health department protocols.
- Health care providers must submit specific information. First, they obtain specific information from their patients when a laboratory test is ordered and submit that information to laboratories on the laboratory's preprinted requisition slips, along with the specimen to be tested for HIV.
- Upon receipt of a confirmed HIV test result from the laboratory, health care providers have 7 calendar days to complete a pediatric or adult **Confidential HIV/AIDS Case Report** form and forward it to their local health department. The combination of information from the laboratory and information added by the health care provider creates the non-name code that the local health department uses to assure unduplicated reporting of cases.
- It is required that health care providers maintain a system that cross-references patient data, including non-name code elements, to assist them in answering questions about reported cases.
- Health care providers should assess and document patient risk behaviors before ordering a test so that the Confidential Case Report forms can be completed accurately and efficiently once confirmed HIV test results are received from the laboratory.
- Anonymous testing sites, blood banks, plasma centers, and blinded and/or unlinked seroprevalence studies are **exempt** from HIV reporting.

Local Health Department HIV/AIDS Surveillance Programs: Interaction with Health Care Providers and Laboratories

Local health department HIV/AIDS Surveillance Programs will:

a) Receive confirmed test reports from the laboratory.

b) Match these records to the local HIV/AIDS Reporting System (HARS) data base.

c) If the record matches another previously reported case, there is no follow-up and the case is not reported.

d) If a match is found, the local health department will search for a Confidential Case Report form from the health care provider.

e) If no Confidential Case Report form is found, the provider will be contacted for a completed form. (Local health department staff may provide direct assistance to health care providers to assist them in completing the Confidential Case Report form.)

f) Once a completed Confidential Case Report form is received, the local health department is responsible for forwarding aggregate data to DHS/OA within 45 days.

Chapter 4

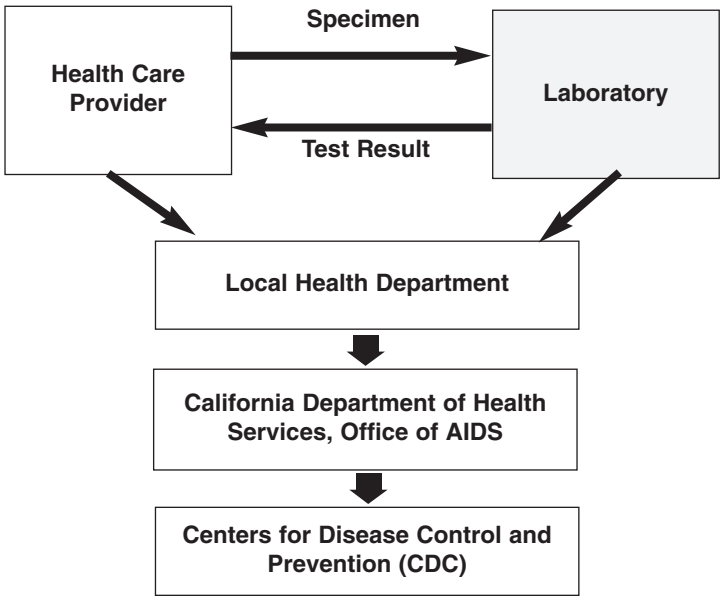
Laboratories: Step-by-Step HIV Reporting

The essential role of laboratories in California's HIV reporting system

Laboratories play a critical role in the reporting process. Although others are involved as well, it is the laboratory's report of a confirmed HIV test result that triggers HIV reporting.

When a laboratory receives a specimen from a health care provider for HIV testing *and* a test confirms the presence of HIV in that specimen, the laboratory becomes responsible for several reporting tasks, as shown in Figure 4.1. These are discussed below.

Figure 4.1: The Dual Reporting System for Non-Name HIV Reporting



Step 1: A Confirmed HIV Test

Laboratories are required to report the following tests:

- Tests verifying the presence of HIV infection, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody tests; or
- All tests used to monitor HIV infection, including HIV nucleic acid detection (e.g., viral load).

Laboratories are ***not*** required to report findings for the following tests to the local health department:

- Enzyme-linked immunosorbent assay (ELISA) – sometimes called enzyme immunoassay (EIA)
- CD4 or CD4/CD8 ratios
- Drug-resistance tests (genotypic/phenotypic tests)

Laboratories should ***not*** report tests on specimens from:

- anonymous testing sites
- blood banks
- plasma centers
- blinded and/or unlinked seroprevalence studies.

These are exempt from HIV reporting requirements.

Step 2: Creating a Soundex Code

In order to fulfill reporting requirements for all confirmed HIV test results, laboratories will need to generate a Soundex code of patients' last names. The code can be created either electronically (which is recommended) or manually. Both processes are described in Appendix E and in DHS form 8641 SC (9/01), which is also provided in Appendix E. (Form DHS 8641 SC (9/01) may be obtained from the DHS/OA website, www.dhs.ca.gov/AIDS).

A Soundex code converts last names into a code of one letter (the first letter of the last name) and three numbers that correspond to consonants in the last name. The Soundex code – together with complete date of birth, gender, and last four digits of a patient's Social Security Number – makes up the non-name code that will allow local health departments to unduplicate case reports. The laboratory that first receives a specimen for HIV testing is responsible for ensuring that a Soundex code is generated and reported to the requesting health care provider and local health department.

Soundex codes can be created electronically or manually. Generating a Soundex code electronically is preferable for several reasons:

- It is much easier, saving time and resources.
- It is more accurate because it is less prone to human error.
- Free, approved software is readily available for downloading from the DHS/OA website in numerous formats – DOS, Windows, Access, Excel, SAS, Internet Explorer or Netscape, Adobe Acrobat, and MS Word. The website address is: www.dhs.ca.gov/aids. (Laboratories that cannot access these macros via the Internet may request a diskette version from their local health department.)

Step 3: Reporting Test Results to Health Care Providers and Local Health Departments

Within 7 calendar days of a confirmed HIV test, the laboratory must report results to the provider's local health department. The laboratory also reports results to the health care provider who ordered the test, although the time frame for this is not governed by the regulations.

If More Than One Laboratory Conducts Tests, Which One Reports?

The laboratory that *first receives the specimen* from a health care provider is responsible for reporting to the health care provider's local health department. This is true even if the specimen is forwarded to other laboratories (reference laboratories) for further testing.

Reporting to Health Care Providers

The specimen on which an HIV test is to be conducted should be accompanied by a laboratory requisition slip. The health care provider should have provided the laboratory with the following information for each specimen:

- the date the specimen was collected
- the patient's surname, gender, and date of birth
- the clinic/provider name, address, and telephone number.

If any of this information is missing, it is the laboratory's responsibility to contact the provider and request the missing information. The laboratory may proceed with testing the specimen, but should contact the health care provider to obtain the missing information before reporting confirmed HIV test results to the local health department.

Should the provider refuse to furnish the above information, the laboratory should report the confirmed test to the local health department with the information available. The local health department will follow up with the health care provider to obtain the missing information.

The laboratory that first received the specimen must report the following information to the health care provider for all confirmed HIV tests:

- The specimen number assigned by the laboratory (accession number)
- Confirmed test results
- Soundex code.

Types of laboratory's preprinted requisition slips

Table 4.1, below, shows the types of laboratory preprinted requisition slips that may be used by different types of providers and describes the laboratory-generated report numbers and reporting responsibilities associated with each. Samples of several completed laboratory preprinted requisition forms are found in Appendix C.

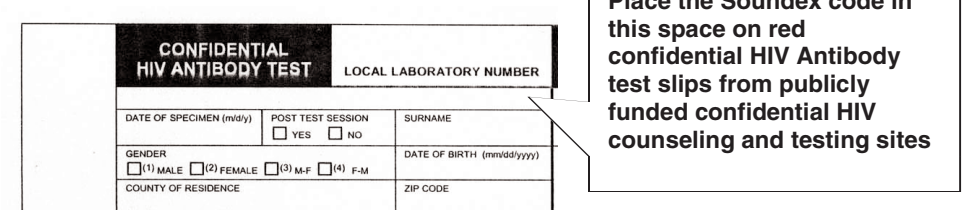
Table 4.1: Laboratory Preprinted Requisition Forms

Form:	Laboratory preprinted requisition forms	Red Confidential HIV Antibody Test form (DHS 8257C (1/02))	Purple Anonymous HIV Antibody Test form (DHS 8257A (1/02))
Used by:	Health Care Providers, some publicly funded HIV counseling and testing (C&T) sites	Majority of publicly funded confidential HIV C&T sites	ATS, other anonymous publicly funded HIV C&T sites
Specimen report number as assigned by the laboratory	Unique specimen number assigned by the laboratory or other laboratory accession number	California DHS/OA 8-digit client ID number	California DHS/OA 8-digit client ID number
Should a confirmed HIV test be reported to the health department?	Yes, unless the specimen came from an exempted site	Yes	No

Where should the laboratory record the Soundex code?

The current versions of laboratory reports to health care providers may not include a specific, labeled spot for entering the Soundex code. Laboratories should determine an appropriate empty space where the code will be entered. On the new red Confidential HIV Antibody Test slips (DHS 8257C (1/02)) used by publicly funded confidential counseling and testing sites, for example, enter the code in the empty space just above the patient's surname, as shown below.

Publicly Funded Confidential Test Sites



Reporting to Local Health Departments

Within 7 calendar days of a determining a confirmed HIV test result, laboratories must forward similar information to the provider's local health department. This can be accomplished using a paper form or via electronic reporting. Laboratories must contact local health departments before reporting electronically.

Paper Reporting

The DHS/OA has developed a standardized paper report form for laboratories that do not use electronic reporting (or for laboratories that report to local health departments that cannot receive the information in electronic format). A copy of this form is provided in Appendix F and may be used by laboratories as is, or they may develop their own form containing these elements.

The form, "Notification of Confirmed Human Immunodeficiency Virus (HIV) Test Result by Laboratory to Local Health Department, 06/2002," may be obtained from the DHS/OA website (www.dhs.ca.gov/AIDS). This form asks the laboratory to submit the following:

- Partial Non-Name code (Soundex, DOB, gender)
- Specimen report number as assigned by the laboratory (accession number or other unique specimen identifier)
- Test results

In addition, laboratories must report the following to local health departments:

- The date the specimen was tested
- The provider/clinic's name, address, and telephone number (from the laboratory slip)
- The laboratory's name, address, and telephone number.

Electronic Reporting

As with Soundex codes, the DHS/OA recommends electronic reporting of laboratory results to local health departments whenever possible – especially for those with a large volume of testing. Instructions for electronic reporting to local health departments are provided in Appendix F.

Special Considerations for Laboratories

Because the system is laboratory-driven, laboratories play an essential role in HIV non-name code reporting. Timely reporting of confirmed HIV test results – with a Soundex code that will be used to create a non-name code – allows local health departments to fulfill their responsibilities to create an unduplicated count of HIV cases.

Laboratories may encounter some unique jurisdictional issues as they attempt to meet the reporting requirements of the new regulations. For example, in some cases, individual laboratories may be one of several involved in the testing process. The laboratory that first received the specimen is the one responsible for reporting to the provider's local health department.

If a California laboratory receives a specimen from an out-of-state laboratory or provider, the confirmed HIV test results should be reported to the state health department of the state in which the specimen originated.

If a California laboratory receives a confirmed HIV test result from an out-of-state laboratory for a specimen that originated in California, the California laboratory should report the test results to the local health department of the provider who submitted the specimen.

Summary

Laboratories' specific HIV non-name code reporting responsibilities include:

- Report only confirmed HIV test results, as specified in the regulations.
- Generate a Soundex code (manually or electronically) for confirmed HIV test results, using the patient's surname. Forward the Soundex code along with the test results to the health care provider and local health department.
- Track down missing information from the provider and check on any discrepancies.
- Report within 7 calendar days of determining a confirmed HIV test to the local health department where the health care provider facility is located.

Local Health Department HIV/AIDS Surveillance Programs: Interaction with Health Care Providers and Laboratories

Local health department HIV/AIDS Surveillance Programs will:

- Receive confirmed test reports from the laboratory.
- Match these records to the local HIV/AIDS Reporting System (HARS) data base.
- If the record matches another previously reported case, there is no follow-up and the case is not reported.
- If a match is found, the local health department will search for a Confidential Case Report form from the health care provider.
- If no Confidential Case Report form is found, the provider will be contacted for a completed form. (Local health department staff may provide direct assistance to health care providers to assist them in completing the Confidential Case Report form.)
- Once a completed Confidential Case Report form is received, the local health department is responsible for forwarding aggregate data to DHS/OA within 45 days.

Chapter 5

Questions & Answers

Answers to common questions and concerns

FOR HEALTH CARE PROVIDERS

The following document is designed to provide a quick reference guide for California health care providers to assist them in understanding their roles and responsibilities for reporting HIV by Non-Name Code. For a copy of the complete HIV reporting regulations text, please refer to the Department of Health Services (DHS), Office of AIDS (OA) website at www.dhs.ca.gov/AIDS/ and Appendix A.

1. Please describe the HIV reporting process.

HIV (in the absence of an AIDS diagnosis) is now a reportable communicable disease in California. Cases are to be reported by a Non-Name Code instead of the patient's name. The process involves a dual reporting system wherein both the clinical laboratory and the health care provider report selected components of the Non-Name Code for the same case to the local health department (LHD) HIV/AIDS Surveillance Program. This process provides a built in checks-and-balances system for matching and unduplicating reported cases of HIV infection. For specific information about the HIV reporting process, please refer to the HIV reporting regulations text and the HIV Reporting Flow Chart which are available on the OA website and in Appendix B. The HIV reporting regulations are published in the California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 3.5, Sections 2641.5 - 2643.2.

2. How many days do providers have to report and to whom do they send the report?

According to Section 2643.5(c) of the HIV reporting regulations, health care providers must report "confirmed HIV test results" to the local health department within seven calendar days of receiving the confirmed test result and Partial Non-Name Code from the laboratory. Providers must report by completing the California Department of Health Services HIV/AIDS Confidential Case Report form DHS 8641A or DHS 8641P.

3. Are drug and alcohol programs, developmental centers, and state hospitals required to report?

Yes. All providers submitting HIV laboratory tests who can receive the test results, except those exempted in Section 2643.20 of the HIV reporting regulations, must report confirmed cases to the local health department.

4. What is the difference between the Non-Name Code and the Partial Non-Name Code?

The Non-Name Code (NNC) consists of the patient's Soundex (a four digit alphanumeric code that is derived from the patient's last name), date of birth, gender and last four digits of the patient's social security number. The Partial Non-Name Code consists of the first three elements of the NNC (Soundex, date of birth and gender). Laboratories are responsible for submitting the Partial Non-Name Code to the health care provider (HCP). The HCP completes the code by adding the last four digits of the social security number via completion of a California Department of Health Services, HIV/AIDS Confidential Case Report form. This form is submitted to the LHD HIV/AIDS Surveillance Program.

5. Where do providers obtain the HIV/AIDS Confidential Case Report form?

Copies of the case report forms may be obtained from your local health department's HIV/AIDS Surveillance Program.

6. When completing the HIV Confidential Case Report form, what is the determining factor in identifying whether a patient's gender is "3" or "4"?

There are four genders identified on the California Department of Health Services, Adult HIV/AIDS Confidential Case Report form: 1-male; 2-female; 3-transgendered male to female; and 4-transgendered female to male. The gender selected should be how the patient self-identifies.

7. The lab data on the case report form asks for "detectable" viral load results. Are "undetectable" viral load results reportable?

Yes. "Undetectable" viral loads are reportable. The FDA has approved viral load testing only as a method to monitor the efficacy of HIV treatment, therefore it is to be assumed that these tests are being ordered on patients who are infected. If viral load tests are ordered for persons whose sero-status is unknown (to determine recent exposure for example), it will be incumbent upon physicians and public health staff to resolve which tests are subject to HIV reporting regulations. Since HCPs only submit one case report per patient, reporting undetectable viral loads should not impose an undue burden on the HCP.

8. Should a provider keep a copy of the HIV case report form in the patient's medical records?

This is not a requirement and is the decision of the provider. It may help substantiate the reporting of a case and assist in case follow-up.

9. Do the HIV reporting regulations require that a health care provider keep a cross referencing system on who they report?

Yes. Section 2643.5(h) of the HIV reporting regulations states, " … the health care provider shall maintain a system which cross-references patient data by using either the Partial Non-Name Code or the Non-Name Code. This system shall be used only to exchange information with the Local Health Officer in order to complete or unduplicate the HIV case reports." LHD HIV/AIDS Surveillance Programs can supply providers with a sample cross referencing form that can be copied in its entirety or modified to meet a provider's specific record-keeping system.

10. Are health care providers "legally" required to inform the patient about HIV reporting when ordering a HIV test?

No. There are no laws or regulations that require providers to inform or educate their patients that confirmed cases of HIV are reported by Non-Name Code. Some providers may feel they have an ethical obligation to inform their patients, while others may choose not to inform patients of HIV or any other communicable disease reporting requirements.

11. What if the patient requests anonymous testing?

Anonymous testing is available in most local health departments.

12. Are physicians who offer anonymous testing required to report confirmed positive HIV cases?

If a physician knows the patient's identity and/or records the positive test result in the patient's medical record, then the test is not anonymous and the physician is required to report the case. However, if a physician offers truly anonymous HIV testing, then confirmed test results are exempt from reporting. It is important to note that HIV positive persons who seek medical care after testing in an anonymous clinic or physician's office will be reported at time of treatment (because anonymity is relinquished).

13. How is confidentiality assured for HIV reporting?

Individuals are protected by California law that prohibits unauthorized disclosure of any information about an individual who takes an HIV test. With non-name code reporting, these protections go beyond those that govern AIDS reporting, since the code cannot be traced back to a person's name.

14. What if the patient is under 13?

For patients who are under the age of 13, health care providers will complete the Pediatric HIV/AIDS Confidential Case Report.

15. How can I produce the Soundex myself?

You may go to the OA website (www.dhs.ca.gov/AIDS) to download the OA-approved Soundexing programs or contact your local health department to obtain a copy on diskette. The programs are in DOS, Windows, Access, Excel, SAS, and JavaScript. Any other Soundexing programs available on the Internet or elsewhere are not authorized for HIV reporting procedures.

16. Are there actual Social Security Numbers that end in four zeroes?

No. The last four digits of the Social Security Number are issued in a sequential numbering order. After a sequence reaches "9999," the next sequence starts over at "0001."

17. Is electronic reporting for providers available?

No. Regular mail is the only acceptable method of transferring data. Consistent with AIDS case reporting, transmission by e-mail and fax must be avoided. Contact your local health department HIV/AIDS Surveillance Program to arrange to transfer data by diskette.

18. Are there legal ramifications for health care providers who fail to report confirmed HIV cases?

Yes. Every person charged with a duty under the HIV Reporting Regulations who willfully neglects or refuses to report in accordance with the regulations is guilty of a misdemeanor under Health and Safety Code section 100182 and may be subject to prosecution.

19. Who will provide HIV Non-Name Code Reporting training and technical assistance for laboratories and health care providers?

The DHS/OA has contracted with ETR Associates to provide training for laboratories and health care providers across the state. In addition, local health departments are resources for laboratories and health care providers who have questions about reporting procedures.

20. What if I need forms and/or more information?

Contact your local health department (see Appendix C for a contact list) or the DHS/OA: www.dhs.ca.gov/AIDS or 916-445-0553. For information specific to HIV Non-Name Code Reporting training events, contact ETR Associates (www.etr.org, or 831-438-4060).

Chapter 6

Conclusion

A smooth transition to an efficient HIV non-name code reporting system will require cooperation among health care providers, laboratories, and public health agencies at the local, state, and federal levels. With the input of representatives from each of these groups, the DHS has designed a system that provides unduplicated counts of HIV cases, protects patient confidentiality, and builds on existing disease reporting protocols.

This manual and the training that accompanies it are in place to answer questions, anticipate and resolve problems before they occur, and offer resources for answering new questions as they arise.

With your help, the transition period can be short as well as smooth. Thank you for your current and future contributions to helping California monitor both HIV and AIDS, so that prevention and treatment efforts can reach those most in need.

All of California looks forward to the day when all surveillance systems will document a decline in HIV/AIDS in California, our country, and around the globe.

Comments? Ideas? Suggestions?

Please share your insights and comments with us so that we may improve future training and materials. Send your comments to our training contractor, ETR Associates (christinaa@etr.org), or to the DHS/OA (www.dhs.ca.gov/AIDS or 916-445-0553

Other comments should be directed to Jim Creeger, Chief, HIV/AIDS Case Registry, California Department of Health Services at jcreeger@dhs.ca.gov.

APPENDIX A: REGULATIONS

Article 3.5 Reporting of Human Immunodeficiency Virus (HIV) Infection
Sub-Article 1. Definitions

(1) Adopt Section 2641.5 as follows:

Section 2641.5 Alternative Testing Site.

"Alternative Testing Site" means an anonymous HIV testing site funded by the California Department of Health Services, administered by a county health department and operated pursuant to Health and Safety Code, Sections 120890-120895.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(2) Adopt Section 2641.10 as follows:

Section 2641.10. Anonymous Counseling and Testing Program.

"Anonymous Counseling and Testing Program" means a program offering HIV counseling and testing while maintaining anonymity of the patient.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(3) Adopt Section 2641.15. as follows:

Section 2641.15. Anonymous HIV Test.

"Anonymous HIV Test" means an HIV test that maintains the anonymity of the patient.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(4) Adopt Section 2641.20 as follows:

Section 2641.20. Biological Specimen.

“Biological specimen” means any material that is derived from the human body.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Section 1206, Business and Professions Code; Sections 100180, 101160, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(5) Adopt Section 2641.25 as follows:

Section 2641.25. Confidential HIV Test.

“Confidential HIV Test” means an HIV test that links the test results to the patient in a restricted manner to protect against unauthorized disclosure of the identity of the patient.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775 and 121025, Health and Safety Code.

(6) Adopt Section 2641.30 as follows:

Section 2641.30. Confirmed HIV Test.

“Confirmed HIV test” means: (a) a procedure which verifies the presence of HIV infection as determined by any clinical laboratory test or examination used to detect the presence of HIV, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody tests; or (b) for the purpose of this Article, all tests used to monitor HIV infection, including HIV nucleic acid detection.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 1206, 1206.5, 1241, 1265 and 1281, Business and Professions Code; Sections 100180, 101150, 101160, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(7) Adopt Section 2641.35 as follows:

Section 2641.35. Department.

"Department" means the California Department of Health Services, Office of AIDS. Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(8) Adopt Section 2641.45 as follows:

Section 2641.45. Health Care Provider.

"Health care provider" means an individual who submits a biological specimen to a laboratory for a test to detect the presence of HIV, a component of HIV or antibodies to or antigens of HIV, receives the test results and is; (a) licensed under the provisions of Business and Professions Code, Division 2 (Healing Arts) and acting within his or her scope of practice, or; (b) a designee of a physician and surgeon acting under the general supervision of that physician or surgeon, or; (c) a person working in a publicly-funded confidential counseling and testing program acting under the general supervision of, and following the protocols approved by, the local Health Officer for the local health department.

Authority cited: Sections 100180, 100275, 101160, 120125 and 120130, Health and Safety Code.

Reference: Sections 1206, 1206.5, 1241, 1281 and 1285, Business and Professions Code; Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(9) Adopt Section 2641.50 as follows:

Section 2641.50. Health Officer and Local Health Officer.

"Health Officer and Local Health Officer" means the officer appointed by the local governing body (county, city, and district), as defined in Section 2500.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(10) Adopt Section 2641.55 as follows:

Section 2641.55. HIV/AIDS Case Report.

“HIV/AIDS Case Report” means California Department of Health Services HIV/AIDS Confidential Case Report form, Adult (DHS 8641A (9/01) or Pediatric (DHS 8641P (9/01), hereby incorporated by reference in this Article and available from the local health department or the Department.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(11) Adopt Section 2641.60 as follows:

Section 2641.60. Laboratory.

“Laboratory” means a ‘clinical laboratory,’ a ‘physician office laboratory,’ or a ‘public health laboratory,’ as defined in Business and Professions Code, Section 1206, that is authorized to perform clinical laboratory tests or examinations in California, or a clinical laboratory located outside of the State of California that is licensed pursuant to business and Professions Code Section 1241(a) and that tests specimens originating in California.

Authority cited: Sections 1224 and 1288, Business and Professions Code; Sections 100180, 100275, 101160, 120125 and 120130, Health and Safety Code.

Reference: Sections 1206, 1241, 1220, 1265 and 1281, Business and Professions Code.

(12) Adopt Section 2641.65 as follows:

Section 2641.65. Laboratory Test.

"Laboratory test" means a clinical laboratory test or examination as defined in Business and Professions Code, Section 1206 (a) (4) and performed by a laboratory as defined in this Article.

Authority: Sections 1224 and 1288, Business and Professions Code; Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 1202.5 and 1206, Business and Professions Code; Section 101160, Health and Safety Code.

(13) Adopt Section 2641.70 as follows:

Section 2641.70. Local Health Department.

“Local health department” means the governing body providing public health services to cities and/or counties, as identified in Health and Safety Code, Section 101185.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(14) Adopt Section 2641.75 as follows:

Section 2641.75. Non-Name Code.

“Non-Name Code” means a designation required by Section 2643.5 of this Article, that does not readily identify an HIV-infected individual. Components of the Non-Name Code shall be listed in the following order, and shall consist of an individual’s:

(a) Soundex code;

(b) complete date of birth (2-digit month, 2-digit day, 4-digit year);

(c) gender (male [1], female [2], transgender male-to-female [3], or transgender

female-to-male [4]); and

(d) last four digits of the Social Security Number (if not available, use four digits of

zero).

Authority cited: Sections 100180, 100275, 120125, 120130 and 120140, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(15) Adopt Section 2641.77 as follows

Section 2641.77 Partial Non-Name Code

A Partial Non-Name Code means a designation required by Section 2643.10 of this Article, that does not readily identify the HIV-infected individual. Components of the Partial Non-Name Code shall be listed in the following order, and shall consist of an individual's:

(a) Soundex code;

(b) complete date of birth (2-digit month, 2-digit day, 4-digit year) and;

(c) gender (male [1], female [2], transgender male-to-female [3], or transgender

female-to-male [4]).

Authority cited: Sections 100180, 100275, 120125, 120130 and 120140 Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(16) Adopt Section 2641.80 as follows:

Section 2641.80. Personal Information.

"Personal information" means an individual's complete Social Security Number, complete name or surname, home address, California driver's license or identification number, electronic mail address or telephone number.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(17) Adopt Section 2641.85 as follows:

Section 2641.85. Publicly-Funded Confidential Counseling and Testing Program. “Publicly-funded Confidential Counseling and Testing Program” means a program financed by federal, state or local governmental agencies that provides confidential HIV tests to patients.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(18) Adopt Section 2641.90 as follows:

Section 2641.90. Soundex Code.

“Soundex code” means a phonetic, alphanumerical formula which is used to convert the first letter and sequential consonants of an individual’s surname into an algorithm. The Soundex code instructions are identified by the Department as form DHS 8641 SC (9/01), hereby incorporated by reference in this Article.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Healthand Safety Code.

Sub-Article 4. Reporting Requirements

(19) Adopt Section 2643.5 as follows:

Section 2643.5. HIV Reporting by Health Care Providers.

(a) Each health care provider that orders a laboratory test used to identify HIV, a component of HIV, or antibodies to or antigens of HIV shall submit the following to the laboratory performing the test:

(1) A pre-printed laboratory requisition form which includes all documentation as specified in 42 CFR 493.1105 (57 FR 7162, Feb. 28, 1992, as amended at 58 FR 5229, Jan. 19, 1993) and adopted in Business and Professions Code, Section 1220, or;

(2) A completed Department of Health Services Counseling and Testing Program Confidential HIV Antibody Test laboratory requisition form, DHS 8257C (1/02), hereby incorporated by reference in this Article.

(b) The person authorized to order the laboratory test shall include the following when submitting information to the laboratory:

(1) Patient surname; and

(2) Patient date of birth (2-digit month, 2-digit day, 4-digit year); and

(3) Patient gender (male, female, transgender male-to-female, or transgender female-to-male); and

(4) Date biological specimen was collected; and

(5) Name, address, telephone number of the health care provider and the facility where services were rendered, if different.

(c) Each health care provider shall, within seven calendar days of receipt of a patient's confirmed HIV test and Partial Non-Name Code from a laboratory, complete the Non-Name Code (as specified in Section 2641.75) and report the confirmed HIV test to the local Health Officer for the jurisdiction where the health care provider facility is located. The report shall consist of a completed copy of the HIV/AIDS Case Report form.

(d) HIV reporting by Non-Name Code to the local Health Officer, via submission of the HIV/AIDS Case Report, shall not supplant the reporting requirements in Article 1 of this Subchapter when a patient's medical condition progresses from HIV infection to an Acquired Immunodeficiency Syndrome (AIDS) diagnosis.

(e) When reporting a confirmed HIV test, a health care provider shall not report a patient's personal information to the local Health Officer except for patients whose clinical conditions meet the AIDS reporting criteria, as specified in Article 1 of this Subchapter.

(f) A health care provider who receives notification from an out-of-state laboratory of a confirmed HIV test for a California patient shall report the findings to the local Health Officer for the jurisdiction where the health care provider facility is located.

(g) When a health care provider orders multiple HIV-related viral load tests for a patient, or receives multiple laboratory reports of a confirmed HIV test, the health care provider shall be required to submit only one HIV/AIDS Case Report, per patient, to the local Health Officer.

(h) For all HIV-infected patients without an AIDS diagnosis, the health care provider shall maintain a system which cross-references patient data by using either the Partial Non-Name Code or the Non-Name Code. This system shall be used only to exchange information with the Local Health

Officer in order to complete or unduplicate the HIV case reports.

(i) Information reported pursuant to this Article is acquired in confidence and shall not be disclosed by the health care provider except as authorized by this Article, other state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of that individual.

Authority cited: Sections 100180, 100275, 120125, 120130 and 120140, Health and Safety Code.

Reference: Sections 1202.5, 1206, 1206.5, 1220, 1241, 1265 and 1281, Business and Professions Code; Sections 100180, 101160, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(20) Adopt Section 2643.10 as follows:

Section 2643.10. HIV Reporting by Laboratories.

(a) The laboratory director or authorized designee shall create a Partial Non-Name Code (as specified in Section 2641.77) for each confirmed HIV test.

(b) The laboratory director or authorized designee shall, within seven calendar days of determining a confirmed HIV test, report the confirmed HIV test to the Health Officer of the local health jurisdiction where the health care provider facility is located. The report shall include the:

(1) Partial Non-Name Code of the patient; and

(2) Name, address, and telephone number of the health care provider and the
facility that submitted the biological specimen to the laboratory, if different.; and

(3) Name, address, and telephone number of the laboratory; and

(4) Laboratory report number as assigned by the laboratory; and

(4) Laboratory results of the test performed; and

(5) Date the biological specimen was tested in the laboratory.

(c) A laboratory shall not transmit a patient's personal information to the local health department.

(d) A laboratory that receives incomplete patient data from a health care provider for a biological specimen with a confirmed HIV test, shall contact the submitting health care provider to obtain the information required pur-

suant to Section 2643.5 (b) (1)-(5), prior to reporting the confirmed HIV test to the local Health Officer.

(e) A laboratory shall convey the patient's Partial Non-Name Code to the submitting health care provider when reporting confirmed HIV test results.

(f) If a laboratory transfers a biological specimen to another laboratory for testing, the laboratory that first receives the biological specimen from the health care provider shall report confirmed HIV tests to the local Health Officer.

(g) Laboratories shall not submit reports to the local health department for confirmed HIV tests for patients of an Alternative Testing Site or other anonymous HIV testing program, a blood bank, a plasma center, or for participants of a blinded and/or unlinked seroprevalence study.

(h) When a California laboratory receives a biological specimen for testing from an out-of-state laboratory or health care provider, the California director of the laboratory shall ensure that a confirmed HIV test is reported to the state health department in the state where the biological specimen originated.

(i) When a California laboratory receives a report from an out of state laboratory that indicates evidence of a confirmed HIV test for a California patient, the California laboratory shall notify the local Health Officer and health care provider in the same manner as if the findings had been made by the California laboratory.

(j) Information reported pursuant to this Article is acquired in confidence and shall not be disclosed by the laboratory except as authorized by this Article, other state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.

Authority cited: Sections 1224, Business and Professions Code; Sections 100180, 100275, 120125, 120130 and 120140, Health and Safety Code.

Reference: Sections 1206, 1206.5, 1209, 1220, 1241, 1265, 1281 and 1288, Business and Professions Code; Sections 100180, 101150, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(21) Adopt Section 2643.15 as follows:

Section 2643.15 HIV Reporting by Local Health Officers.

(a) The local Health Officer or his or her authorized designee shall match and unduplicate laboratory reports of confirmed HIV tests with the local health department HIV/AIDS registry database and with HIV/AIDS Case Reports received from health care providers and not entered into the database.

(b) The Health Officer or his or her authorized designee shall, within 45 calendar days of receipt of a laboratory report of a confirmed HIV test, submit unduplicated HIV/AIDS Case Reports to the Department.

(1) HIV/AIDS Case Reports shall be sent by courier service, U.S. Postal Service Express or Registered mail, or other traceable mail to the California Department of Health Services, Office of AIDS, HIV/AIDS Case Registry.

(2) The local Health Officer or his or her authorized designee shall not report confirmed HIV tests for patients of an Alternative Testing Site or other anonymous counseling and testing program, a blood bank, a plasma center, or for participants of a blinded and/or unlinked HIV seroprevalence study.

(c) The local Health Officer or his or her authorized designee shall not submit an HIV/AIDS Case Report to the Department for an infant under the age of 18 months, unless the infant's HIV infection is confirmed.

(d) Information reported pursuant to this Article is acquired in confidence and shall not be disclosed by the local Health Officer or his or her authorized designee except as authorized by this Article, other state or federal law, or with the written consent of the individual to whom the information pertains or the legal representative of the individual.

Authority cited: Sections 100180, 100275, 120125, 120130 and 120140, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

(22) Adopt Section 2643.20 as follows:

Section 2643.20. HIV Reporting Exemptions.

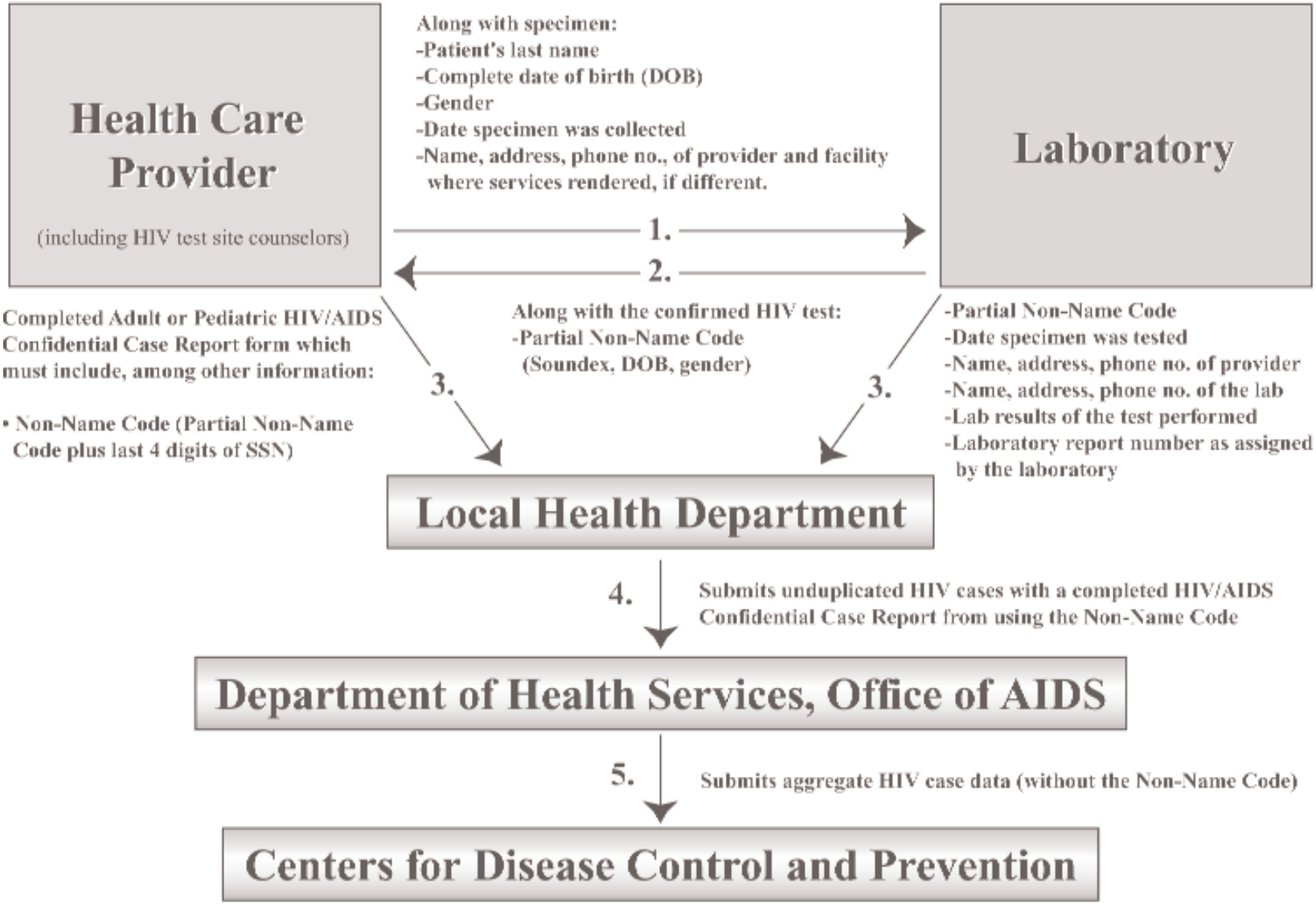
Alternative Testing Sites; other anonymous or unlinked HIV testing programs; blood banks; plasma centers; and blinded and/or unlinked seroprevalence studies are exempt from these HIV reporting regulations.

Authority cited: Sections 100180, 100275, 120125 and 120130, Health and Safety Code.

Reference: Sections 100180, 120175, 120775, 120885-120895 and 121025, Health and Safety Code.

APPENDIX B: FLOWCHART

CALIFORNIA'S NON-NAME BASED HIV REPORTING PROCESS



Source: California Department of Health Services, Office of AIDS

APPENDIX C:
Samples of Completed Forms

- **Laboratory Preprinted Requisition Form**
- **Publicly-funded Confidential HIV Antibody Test Forms (Requisition and Result form)**
- **Adult HIV Confidential Case Report Form**
- **Pediatric HIV Confidential Case Report Form**
- **Report Form for HIV-1**

-SAMPLE-
Requisition sent from Health Care Provider to the Laboratory

DOB: 05/25/76 **LABORATORY REQUISITION** Gender: Male

Patient Name: John Smith Patient Account Number: _____ Chart #: S9092

Provider: Sam Getwell, MD Provider #: 34297 D.O.S: 09/18/02 Insurance: Pacificaring

Provider address: 456 Center St., Anytown, USA 90000 Provider telephone #: 1-800-555-2222

PRIORITY: ❑ STAT ❑ ASAP ☒ ROUTINE PATIENT PRP: ❑ FASTING ☒ NON-FASTING ❑ TELEPHONE ❑ FAX

DX1:	DX2:	DX3:	DX4:	IF 800 OR 900 SERIES DX NEED A DOI OR ONSET:	ADVANCE NOTICE TO BENEFICIARY DONE: ❑

COPY OF RESULTS TO: _____

Hours Fasting: _____ Hours Post PP: _____ Hours Post Med: _____

Collection By: _____ Date/Time _____ Pre-Op Surg Date: _____ ❑ SMSC ❑ DSCH

TEST ORDER AND INTERPRETATION CONSULT AVAILABLE UPON REQUEST

❑ 85002	Bleeding Time	❑ 85021	Hemogram	❑ 86038	ANA
❑ 85025	CBC (auto diff)	❑ 83020	Hgb Electophoresis	❑ 86060	ASO
❑ 85023	CBC (man diff)	❑ 85730	PTT	❑ 86156	Cold Agglutinin
❑ *82728**	*Ferritin*	❑ 85595	Platelet, auto	☒ 86703	HIV ab
❑ 85384	Fibrinogen	❑ 85610	Protime	❑ 86308	Mono Spot
❑ 85014	Hematocrit	❑ 85045	Rectic Count	❑ *86592**	*RPR*
❑ 85018	Hemoglobin	❑ 85651	Sed Rate	☒	Western Blot

Local Laboratory
123 Main St • Anytown USA 90000
1-800-555-1111

*=DX guidelines

-SAMPLE-

Requisition sent to Laboratory from Publicly Funded Confidential Test Site

CONFIDENTIAL HIV ANTIBODY TEST

LOCAL LABORATORY NUMBER

CLIENT ID# ▶ 620-1857-3

CALIFORNIA STATE DEPARTMENT OF HEALTH SERVICES

DATE OF SPECIMEN (mm/dd/yy): 9/20/02

POST TEST SESSION: ☐ YES ☐ NO

SURNAME: Smith

GENDER: ☒ (1) MALE ☐ (2) FEMALE ☐ (3) M-F ☐ (4) F-M

DATE OF BIRTH (mm/dd/yyyy): 05/25/1976

COUNTY OF RESIDENCE: any county

ZIP CODE: 90000

PREVIOUS HIV ANTIBODY TEST? ☒ YES ☐ NO ☐ UNKNOWN

IF YES, WHEN (mm/yy): 03/02

IF YES, ID#

RESULT OF PREVIOUS TEST? ☐ POSITIVE ☒ NEGATIVE ☐ UNKNOWN

LABORATORY NAME & ADDRESS: Local Laboratory
123 Maint St
Anytown, USA 90000

CLINIC/SITE NAME, ADDRESS & PHONE: Local Health Care Provider
426 Center St
Anytown, USA 90000
1-800-555-2222

RETURN APPOINTMENT DATE (mm/dd/yyyy): 09/30/2002

LABORATORY USE ONLY

ELISA: ☐ REACTIVE ☐ NON-REACTIVE

SUPPLEMENTAL TEST PERFORMED:

☐ IFA
- ☐ REACTIVE
- ☐ NON-REACTIVE
- ☐ NONSPECIFIC/ UNSATISFACTORY

☐ WESTERN BLOT
- ☐ REACTIVE
- ☐ NON-REACTIVE
- ☐ INDETERMINATE

SUMMARY INTERPRETATION:
- ☐ HIV ANTIBODY DETECTED
- ☐ NO HIV ANTIBODY DETECTED
- ☐ INCONCLUSIVE-SUBMIT ANOTHER SPECIMEN
- ☐ SEE ENCLOSED NOTE

NOTE:

DATE RECEIVED BY LAB

DATE REPORTED

LABORATORY COPY

CHS 925/C (1/02)

23901

ATTACH LABEL TO REPORT FORM AND BLOOD SPECIMEN

620-1857-3
620-1857-3
620-1857-3
620-1857-3
620-1857-3
620-1857-3

SEND REMAINING LABELS WITH COPIES 1 & 2 OF FORM TO THE LABORATORIES.

-SAMPLE-

Result sent back to Publicly Funded Confidential Test Site from the Laboratory

CONFIDENTIAL HIV ANTIBODY TEST

85641972
LOCAL LABORATORY NUMBER

CLIENT ID# ▶ 620-1857-3
CALIFORNIA STATE DEPARTMENT OF HEALTH SERVICES

23901

ATTACH LABEL TO REPORT FORM AND BLOOD SPECIMEN

620-1857-3
620-1857-3
620-1857-3
620-1857-3
620-1857-3
620-1857-3

SEND REMAINING LABELS WITH COPIES 1 & 2 OF FORM TO THE LABORATORIES.

Soundex Code: S530

DATE OF SPECIMEN (mm/yy): 9/20/02
POST TEST SESSION: ☐ YES ☐ NO
SURNAME: Smith

GENDER: ☒ (1) MALE ☐ (2) FEMALE ☐ (3) M-F ☐ (4) F-M
DATE OF BIRTH (mm/dd/yyyy): 05/25/1976

COUNTY OF RESIDENCE: any county
ZIP CODE: 90000

PREVIOUS HIV ANTIBODY TEST? ☒ YES ☐ NO ☐ UNKNOWN
IF YES, WHEN (mm/yy): 03/02
IF YES, ID#:

RESULT OF PREVIOUS TEST? ☐ POSITIVE ☒ NEGATIVE ☐ UNKNOWN

LABORATORY NAME & ADDRESS:
Local Laboratory
123 Maint St
Anytown, USA 90000

CLINIC/SITE NAME, ADDRESS & PHONE:
Local Health Care Provider
426 Center St
Anytown, USA 90000
1-800-555-2222

RETURN APPOINTMENT DATE (mm/dd/yyyy): 09/30/2002

LABORATORY USE ONLY

ELISA: ☒ REACTIVE ☐ NON-REACTIVE

SUPPLEMENTAL TEST PERFORMED:

IFA	WESTERN BLOT
☐ REACTIVE	☒ REACTIVE
☐ NON-REACTIVE	☐ NON-REACTIVE
☐ NONSPECIFIC/ UNSATISFACTORY	☐ INDETERMINATE

SUMMARY INTERPRETATION:
☒ HIV ANTIBODY DETECTED
☐ NO HIV ANTIBODY DETECTED
☐ INCONCLUSIVE-SUBMIT ANOTHER SPECIMEN
☐ SEE ENCLOSED NOTE

NOTE:

DATE RECEIVED BY LAB: 9/24/02
DATE REPORTED: 10/03/02

LABORATORY COPY

DHS 8257C (1/02)

State of California—Health and Human Services Agency

-SAMPLE-

Department of Health Services
Office of AIDS
HIV/AIDS Surveillance Program

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients > 13 years of age at time of diagnosis)

Date form completed: Month 09 Day 15 Year 2002

Report status: [X] 1 New [ ] 2 Update

I. Health Department Use Only

Report source	Reporting health department	State patient number	City/county patient number

II. For HIV and AIDS Cases

Soundex code: S530

Date of birth: Month 05 Day 25 Year 1976

Gender: [X] M [5] M→F [2] F [4] F→M

For Non-AIDS Cases Only

Last four digits of SSN: 9522

Lab report number: 8671234 5

*Confidential C&T number: [ ] *Publicly funded confidential counseling and testing sites only

III. Demographic Information

Diagnosis status at report (check one): [X] HIV infection(not AIDS) [ ] AIDS

Age at Diagnosis Years: 26

Current status: [X] 1 Alive [ ] 2 Dead [ ] 9 Unknown

Date of death: Month Day Year

State/Territory of death:

Race/Ethnicity: [X] 1 White (non-Hispanic) [ ] 2 Black (non-Hispanic) [ ] 3 Hispanic [ ] 4 Asian/Pacific Islander [ ] 5 American Indian/Alaska Native [ ] 9 Not specified

Country of birth: [X] 1 U.S. [ ] 7 U.S. Territories (including Puerto Rico) [ ] 8 Other (specify): [ ] 9 Unknown

[ ] Check if HIV infection is presumed to have been acquired outside United States and Territories. Specify country:

Residence at diagnosis: City your city | County your health jurisdiction | State/Country CA/USA | ZIP code 9XXXX

IV. Facility of Diagnosis

Facility name: Doctor's Clinic

City: Your City

State/Country: CA/USA

Facility type (check one)
- [01] Physician, HMO
- [X] 20 Community Health Center
- [30] Correctional Facility
- [31] Hospital, inpatient
- [32] Hospital, outpatient
- [88] Other (specify):
- [99] Unknown

Facility setting (check one): [X] 1 Public [ ] 2 Private [ ] 3 Federal [ ] 9 Unknown

V. Patient History

After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis, this patient had (respond to *ALL* categories):

	Yes	No	Unknown
Sex with a male	X	0	9
Sex with a female	X	0	9
Injected nonprescription drugs	1	X	9
Received clotting factor for hemophilia/coagulation disorder	1	X	9

Specify disorder: [1] Factor VIII (Hemophilia A) [2] Factor IX (Hemophilia B) [8] Other (specify):

HETEROSEXUAL relations with any of the following:	Yes	No	Unknown
Intravenous/injection drug user	1	X	9
Bisexual male	1	X	9
Person with hemophilia/coagulation disorder	1	X	9
Transfusion recipient with documented HIV infection	1	X	9
Transplant recipient with documented HIV infection	1	X	9

	Yes	No	Unknown
Person with AIDS or documented HIV infection, risk not specified	1	X	9
Received transfusion of blood/components (other than clotting factor) First: Month Year Last: Month Year	1	X	9
Received transplant of tissue/organs or artificial insemination	1	X	9
Worked in a health care or clinical laboratory setting. (Specify occupation):	1	X	9

VI. Laboratory Data

A. HIV Antibody Test at Diagnosis *(Indicate first test.)*

	Pos	Neg	Ind	Not Done	TEST DATE Month	Year
HIV-1 EIA	X	0	—	9	07	02
HIV-1/HIV-2 combination EIA	1	0	—	9		
HIV-1 Western Blot/IFA	X	0	8	9	07	02
Other HIV antibody test (Specify):	1	0	8	9		

Date of last documented ***negative*** HIV test (specify type): Ab in public Health dept. Month 07 Year 01

If HIV laboratory tests were not documented, is HIV diagnosis documented by a physician? Yes 1 No 0 Unknown 9

If yes, provide date of documentation by physician: Month Year

B. ***Positive*** HIV Detection Test *(Record earliest test.)*
[ ] Culture [ ] Antigen [ ] PCR, DNA, or RNA probe
Other (specify): Month Year

C. ***Detectable*** Viral Load *(Record earliest test.)*
Test type* 12 Copies/ml [ ], [ ] 703 Month 08 Year 02

*Type 11=NASBA (Organon); 12=RT-PCR (Roche); 13=bDNA (Chiron); 16=Other

D. Immunologic Lab Tests
At or closest to current diagnostic status
CD4 count: cells/µl Month Year
CD4 percent: %
First <200 ml or <14%
CD4 count: cells/µl Month Year
CD4 percent: %

STATE/LOCAL USE ONLY

VII. *FOR AIDS CASES ONLY—Patient-identifier information is not transmitted to CDC.*

Patient's name (last, first, MI) | Telephone number ( ) | Social Security Number

Address (number, street) | City | County | State | ZIP code

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-SAMPLE-

VIII. Clinical Status

Clinical record reviewed: Yes [1] No [0]

Enter date patient was diagnosed as — Month / Year
- Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy)
- Symptomatic (not AIDS)

AIDS INDICATOR DISEASES	Initial Diagnosis Def.	Initial Diagnosis Pres.	Initial Date Month	Initial Date Year
Candidiasis, bronchi, trachea, or lungs	1	NA		
Candidiasis, esophageal	1	2		
Carcinoma, invasive cervical	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA		
Cryptococcosis, extrapulmonary	1	NA		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA		
Cytomegalovirus disease (other than liver, spleen, or nodes)	1	NA		
Cytomegalovirus retinitis (with loss of vision)	1	2		
HIV encephalopathy	1	NA		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA		
Kaposi's sarcoma	1	2		
Lymphoma, Burkitt's (or equivalent term)	1	NA		
Lymphoma, immunoblastic (or equivalent term)	1	NA		
Lymphoma, primary in brain	1	NA		
Mycobacterium avium complex or *M.kansasii*, disseminated or extrapulmonary	1	2		
M. tuberculosis, pulmonary	1	2		
M. tuberculosis, disseminated or extrapulmonary*	1	2		
Mycobacterium of other species or unidentified species, disseminated or extrapulmonary	1	2		
Pneumocystis carinii pneumonia	1	2		
Pneumonia, recurrent, in 12-month period	1	2		
Progressive multifocal leukoencephalopathy	1	NA		
Salmonella septicemia, recurrent	1	NA		
Toxoplasmosis of brain	1	2		
Wasting syndrome due to HIV	1	NA		

Def =definitive diagnosis *Pres =presumptive diagnosis*

*RVCT case number

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? Yes [1] No [0] Unknown [9]

IX. Treatment/Services Referrals

	Yes	No	Unknown
Has the patient been informed of his/her HIV infection?	X	0	9

This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:
[1] Health Department [2] Physician/Provider [X] Patient [9] Unknown

This patient received or is receiving:	Yes	No	Unknown
Antiretroviral therapy	1	0	9
PCP prophylaxis	1	0	9

This patient is receiving or has been referred for:	Yes	No	NA	Unknown
HIV-related medical services	1	0	—	9
Substance abuse treatment services	1	0	8	9

This patient has been enrolled at:

Clinical Trial	*Clinic*
[1] NIH-sponsored	[1] HRSA-sponsored
[2] Other	[2] Other
[X] None	[X] None
[9] Unknown	[9] Unknown

This patient's medical treatment is primarily reimbursed by:
[1] Medicaid [X] Private insurance/HMO
[3] No coverage [4] Other public funding
[7] Clinical trial/government program [9] Unknown

For **women:**

	Yes	No	Unknown
This patient is receiving or has been referred for gynecological or obstetrical services	1	0	9
This patient is currently pregnant	1	0	9
This patient has delivered live born infant(s) (If yes and if delivered after 1977, provide birth information below for the most recent birth)	1	0	9

Child's date of birth (Month Day Year)	Hospital of birth		Child's Soundex	Child's state patient number
	City	State		

X. Comments

Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.

XI. Provider Information

Physician's name (last, first, MI)	Telephone number	Patient's medical record number	Person completing form	Telephone number
Getwell, Sam MD	(800) 555-0000	optional for HIV	Jane Smith	(800) 555-0000

Address (number, street)	City	State	ZIP code
your address	your city	CA	9XXXX

MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.

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State of California—Health and Human Services Agency

-SAMPLE-

Department of Health Services
Office of AIDS
HIV/AIDS Surveillance Program

PEDIATRIC HIV/AIDS CONFIDENTIAL CASE REPORT

(Patients < 13 years of age at time of diagnosis.)

Date form completed: Month 09 Day 10 Year 2002 | Report status: [X] New [2] Update

I. Health Department Use Only

Report source | Reporting health department | State patient number | City/county patient number

II. For HIV and AIDS Cases

Soundex code: S530

Date of birth: 02/15/1997

Gender: [X] Male [2] Female

For Non-AIDS Cases Only

Last four digits of SSN: 2295

Lab report number: 3122345 6

*Confidential C&T number

*Publicly funded confidential counseling and testing sites only

III. Demographic Information

Diagnosis status at report | Age at Diagnosis (Years / Months)
- [3] Perinatally HIV exposed
- [X] Confirmed HIV infection (not AIDS) — 05 / 05
- [5] AIDS
- [6] Seroreverter

Current status: [X] Alive [2] Dead [9] Unknown

Date of death (Month / Day / Year)

State/Territory of death

Date of last medical evaluation (Month / Day / Year)

Date of initial evaluation for HIV infection (Month / Day / Year)

Was reason for initial HIV evaluation due to clinical signs and symptoms?
[X] Yes [0] No [9] Unknown

Race/ethnicity
[1] White (non-Hispanic) [X] Black (non-Hispanic) [3] Hispanic
[4] Asian/Pacific Islander [5] American Indian/Alaska Native [9] Not specified

Country of birth
[X] U.S. [7] U.S. Territories (including Puerto Rico) [9] Unknown
[8] Other (specify):

[ ] Check if HIV infection is presumed to have been acquired outside United States and Territories.
Specify country:

Residence at diagnosis:
City: your city | County: your county | State/Country: CA/USA | ZIP code: 90000

IV. Facility of Diagnosis

Facility name: Healthy Families Clinic
City: your city
State/Country: CA/USA

Facility type (check one)
[01] Physician, HMO
[29] Community Health Center
[30] Correctional Facility
[31] Hospital, inpatient
[32] Hospital, outpatient
[88] Other (specify):
[99] Unknown

Facility setting (check one)
[X] Public [2] Private [3] Federal [9] Unknown

V. Patient/Maternal History (Respond to all categories.)

Child's biologic ***mother's*** HIV infection status: *(check one)*
[1] Refused HIV testing
[2] Known to be ***un***infected after this child's birth
[X] HIV status unknown

Diagnosed with HIV infection/AIDS:
[3] Before this child's pregnancy
[4] During this child's pregnancy
[5] At time of delivery
[6] Before child's birth, exact period unknown
[7] After the child's birth
[8] HIV-infected, unknown when diagnosed

Date of ***mother's*** first positive HIV confirmatory test: Month / Year

Mother was counseled about HIV testing during this pregnancy, labor, or delivery: Yes [1] / No [0] / Unknown [X]

After 1977, this child's biologic *mother* had:

	Yes	No	Unknown
Injected nonprescription drugs	X	0	9
HETEROSEXUAL relations with:			
Intravenous/injection drug user	X	0	9
Bisexual male	1	0	X
Male with hemophilia/coagulation disorder	1	0	X
Transfusion recipient with documented HIV infection	1	0	X
Transplant recipient with documented HIV infection	1	0	X
Male with AIDS or documented HIV infection, risk not specified	1	0	X
Received transfusion of blood/blood components (other than clotting factor)	1	0	X
Received transplant of tissue/organs or artificial insemination	1	0	X

Before the diagnosis of HIV infection/AIDS, this *child* had:

	Yes	No	Unknown
Received clotting factor for hemophilia/coagulation disorder	1	X	9
(Specify disorder): [1] Factor VIII (Hemophilia A) [2] Factor IX (Hemophilia B) [8] Other (specify):			
Received transfusion of blood/blood components (other than clotting factor)	1	X	9
First: Month / Year — Last: Month / Year			
Received transplant of tissue/organs	1	X	9
Sexual contact with a male	X	0	9
Sexual contact with a female	1	X	9
Injected nonprescription drugs	1	X	9
Other (alert state/city NIR coordinator)	1	0	X

STATE/LOCAL USE ONLY

VI. *FOR AIDS CASES ONLY—Patient-identifier information is not transmitted to CDC.*

Patient's name (last, first, MI)	Telephone number	Social Security Number
	( )	

Address (number, street)	City	County	State	ZIP code

-SAMPLE-

VII. Laboratory Data

1. HIV Antibody Tests at Diagnosis (Record all tests, include earliest positive.):

	Positive	Negative	Indeterminate	Not done	Test Date Month	Test Date Year
HIV–1 EIA	X	0	—	9	06	02
HIV–1 EIA	X	0	—	9	07	02
HIV–1/HIV–2 combination EIA	1	0	—	9		
HIV–1/HIV–2 combination EIA	1	0	—	9		
HIV–1 Western blot/IFA	X	0	8	9	06	02
HIV–1 Western blot/IFA	X	0	8	9	07	02
Other HIV antibody test (specify):	1	0	8	9		

2. HIV Detection Tests (Record all tests, include earliest positive.)

	Positive	Negative	Not done	Test Date Month	Test Date Year
HIV culture	1	X	9		
HIV culture	1	X	9		
HIV antigen test	1	X	9		
HIV antigen test	1	X	9		

	Positive	Negative	Not done	Test Date Month	Test Date Year
HIV DNA PCR	1	X	9		
HIV DNA PCR	1	X	9		
HIV RNA PCR	1	X	9		
HIV RNA PCR	1	X	9		
Other, (specify):	1	X	9		

3. HIV Viral Load Test (Record all tests, include earliest detectable.) **Type. 11=NASBA (Organon) 12=RT-PCR (Roche) 13=bDNA (Chiron) 18=Other*

Test Type*	Detectable Yes	Detectable No	Copies/ml	Test Date Month	Test Date Year
12	X	0	15250	07	02

4. Immunologic Lab Tests (At or closest to current diagnostic status.)

	Month	Year
CD4 count ____ , ___ cells/µl		
CD4 percent ____ %		

5. If HIV tests were not positive or were not done, or the patient is less than 18 months of age, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? — Yes: 1 | No: 0 | Unknown: 9

6. If laboratory tests were not documented, is patient confirmed by a physician as:

	Yes	No	Unknown	Date of Documentation Month	Date of Documentation Year
HIV-infected	1	0	9		
Not HIV-infected	1	0	9		

VIII. Clinical Status (Def. = Definitive diagnosis / Pres. = Presumptive diagnosis)

AIDS Indicator Diseases	Initial Diagnosis Def.	Initial Diagnosis Pres.	Initial Date Month	Initial Date Year
Bacterial infections, multiple or recurrent (including Salmonella septicemia)	1	NA		
Candidiasis, bronchi, trachea, or lungs	1	NA		
Candidiasis, esophageal	1	2		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA		
Cryptococcosis, extrapulmonary	1	NA		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA		
Cytomegalovirus disease (other than in liver, spleen, or nodes) onset at >1 month of age	1	NA		
Cytomegalovirus retinitis (with loss of vision)	1	2		
HIV encephalopathy	1	NA		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis, onset at >1 month of age	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA		

AIDS Indicator Diseases	Initial Diagnosis Def.	Initial Diagnosis Pres.	Initial Date Month	Initial Date Year
Kaposi's sarcoma	1	2		
Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia	1	2		
Lymphoma, Burkitt's (or equivalent term)	1	NA		
Lymphoma, immunoblastic (or equivalent term)	1	NA		
Lymphoma, primary in brain	1	NA		
Mycobacterium avium complex or *M.kansasii*, disseminated or extrapulmonary	1	2		
M. tuberculosis, disseminated or extrapulmonary*	1	2		
Mycobacterium of other species or unidentified species, disseminated or extrapulmonary	1	2		
Pneumocystis carinii pneumonia	1	2		
Progressive multifocal leukoencephalopathy	1	NA		
Toxoplasmosis of brain, onset at >1 month of age	1	2		
Wasting syndrome due to HIV	1	NA		

Has this child been diagnosed with pulmonary tuberculosis?* 1 Yes 0 No 9 Unknown — If yes, initial diagnosis: 1 Definitive 2 Presumptive — Date: Month / Year — *RVCT case number

IX. Provider Information

Physician's name (last, first, MI)	Telephone number	Patient's medical record number	Person completing form	Telephone number
Doe, Mary MD	(233)555 -1234	76343-1	Jane Jones	(233)555 -1234

Address (number, street)	City	State	ZIP code
321 Center St.	your city	CA	90000

MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.

-SAMPLE-

X. Birth History *(For PERINATAL cases only.)*

Birth history was available for this child: [1] Yes [X] No [9] Unknown ***If no or unknown, proceed to Section XI.***

	Name of hospital	Address (number, street)	City	County	State	ZIP code	Country
Hospital at birth:							

	City	County	State	ZIP code	Country
Residence at birth:					

Birth weight (enter lbs/oz *or* grams)
[ ][ ] lbs. [ ][ ] oz.
[ ][ ][ ][ ] grams

Birth
Type: [1] Single [2] Twin [3] >2 [9] Unknown
Delivery: [1] Vaginal [2] Elective Caesarean [3] Nonelective Caesarean [4] Caesarean, unknown type [9] Unknown
Birth defects: [1] Yes [0] No [9] Unknown
Specify type(s): _____ Code: [ ][ ][ ] . [ ][ ][ ]

Neonatal status: (99=Unknown)
[1] Full term
[2] Premature
[ ][ ] weeks

Prenatal Care (99=Unknown/00= None)
Month of pregnancy prenatal care began: [ ][ ] Months
Total number of prenatal care visits: [ ][ ]

	Refused	Yes	No	Unknown
Did mother receive zidovudine (ZDV, AZT) during pregnancy?	8	1	X	9
Did mother receive zidovudine (ZDV, AZT) during labor/delivery?	8	1	X	9

	Yes	No	Unknown
Did mother receive zidovudine (ZDV, AZT) prior to this pregnancy?	1	X	9

If yes, what week of pregnancy was zidovudine (ZDV, AZT) started? (99=Unknown) [ ][ ] weeks

	Yes	No	Unknown
Did mother receive any other anti-retroviral during pregnancy?	1	X	9
Did mother receive any other anti-retroviral medication during labor/delivery?	1	X	9

If yes, specify: _____

Maternal date of birth (Month Day Year)	Maternal Soundex	Maternal State Patient Number
0 1 3 0 1 9 8 0	S 5 3 0	

Birthplace of biologic mother
[X] U.S. [7] U.S. Territories (including Puerto Rico) (specify): _____
[8] Other (specify): _____ [9] Unknown

XI. Treatment/Services Referrals

This child received or is receiving:

	Yes	No	Unknown	DATE STARTED Month	Day	Year
Neonatal zidovudine (ZDV, AZT) for HIV prevention	1	X	9			
Other neonatal anti-retroviral medication for HIV prevention	1	X	9			

If yes, specify: _____

	Yes	No	Unknown	DATE STARTED Month	Day	Year
Anti-retroviral therapy for HIV treatment	1	X	9			
PCP prophylaxis	X	0	9	0 8	2 8	0 2

Was child breastfed? Yes 1 | No 0 | Unknown X

This child has been enrolled at:
Clinical trial: [1] NIH-sponsored [2] Other [3] None [X] Unknown
Clinic: [1] HRSA-sponsored [2] Other [3] None [9] Unknown

This child's medical treatment is primarily reimbursed by
[1] Medicaid [X] Other public funding [2] Private insurance/HMO [7] Clinical trial/government program [3] No coverage [9] Unknown

This child's primary caretaker is:
[1] Biologic parent(s) [X] Other relative [3] Foster/adoptive parent, relative [4] Foster/adoptive parent, unrelated
[7] Social service agency [8] Other (specify in Section XII) [9] Unknown

Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.

XII. Comments

Lives with maternal grandmother
Mother refuses HIV testing

-SAMPLE-

XII. Comments (continued)

-SAMPLE-

REPORT FORM for HIV-1/2 (Human Immunodeficiency Virus type 1/2) **ANTIBODY TESTS**

DOB: 05/25/1976 Gender: Male

Patient/Specimen I.D.# (Do not identify patient by name)	Date Collected	Date Received	State Lab #
125468085 Soundex Code: S530	9/20/02	9/24/02	85641972

If a prior specimen was sent to us for testing, please enter the previous State Lab # or Patient I.D.#

Is this patient enrolled in a HIV vaccine trial? [ ] Yes [X] No

[ ] Serum
[ ] Blood
[X] Plasma
[ ]

RESULTS of LOCAL LABORATORY TESTS

EIA Kit Mfr.	Results O.D.	Cutoff O.D.	IFA Results	Comments:
Genetic Systems	positive		nonspecific	

RESULTS of REFERENCE LABORATORY TESTS

Enzyme Immunoassay (EIA)

Average Ratio* 2

using Genetic Systems kit.

*Ratio = Specimen Optical Density / Cutoff Optical Density
Ratio of 1 or greater is REACTIVE
Ratio of less than 1 is NONREACTIVE

Immunofluorescence (IFA) (1:10 dilution)

[ ] Nonreactive
[X] Reactive
[ ] Nonspecific/Unsatisfactory

SUPPLEMENTAL TESTS PERFORMED

Western blot (1:100 dilution)

REACTIVE BANDS PRESENT [ ] NONREACTIVE
[X] p24
[ ] gp41
[X] gp120
[ ] gp160

Radioimmunoprecipitation Assay (RIPA)

REACTIVE BANDS PRESENT [ ] NONREACTIVE
[ ] p24
[ ] gp41
[ ] gp120
[ ] gp160

INTERPRETATION of REFERENCE LABORATORY TEST RESULTS

[ ] Antibody Not Detected
[X] Antibody Detected
[ ] Inconclusive - See Enclosed Note
[ ] See Enclosed Note

Local Health Care Provider
456 Center Street
Anytown, USA 9000

Type or Print Submitter's Complete Address

10/03/02
Date Reported

Local Laboratory
123 Main Street
Anytown, USA 90000
Phone 1-800-555-1111 Fax 800-555-1212

APPENDIX D: Cross-Referencing Listing Sample

SAMPLE CONFIDENTIAL CROSS REFERENCE LISTING FOR HEALTH CARE PROVIDERS

Patient Name (Last Name, First Name)	Medical Record #	Soundex	Date of Birth (mm/dd/yyyy)	Gender	SSN# (Last 4 digits)	Lab-generated Report #	Lab Name	Date Reported to LHD
Smith, John	*021145*	*S530*	*05/25/1982*	*Male*	*9092*	*123456789Q*	*Health Srvs Agency*	*10/03/02*

APPENDIX E:
Soundex Instructions

CREATING A SOUNDEX CODE ELECTRONICALLY

- Office of AIDS has approved electronic Soundexing programs that are available on the DHS/OA website (www.dhs.ca.gov/AIDS) for HTML-, DOS-, and Windows-based programs — including Access, Excel, SAS, and JavaScript. The Office of AIDS encourages laboratories to use the electronic system, if possible, to eliminate the possibility of error. (Laboratories that cannot access these macros via the Internet may request a diskette version from their local health department.)
- Soundexing is only done for the patient's last name (surname). If the patient has a hyphenated last name, type the full hyphenated name, omitting the hyphen and the correct Soundex code will be displayed.
- Soundex codes can be created electronically or manually. Generating a Soundex code electronically is preferable for a couple reasons:
    - ✓ It is much easier, saving time and resources.
    - ✓ It is more accurate because it is less prone to human error.
- On the next page are the instructions for manually creating a soundex code. Note the disparity between the instruction for manual Soundex code creation and electronic Soundex code creation. Electronic Soundexing is the way to go.

State of California—Health and Human Services Agency

Department of Health Services
Office of AIDS
HIV/AIDS Surveillance Program

SOUNDEXING INSTRUCTIONS

The purpose of soundexing is to facilitate matching and unduplicating reported HIV and AIDS cases. The soundex code maintains the confidentiality of reported cases by converting the last name of an individual to an index letter and a three-digit number. In coding by this system, the index letter is the first letter of the last name and the subsequent letters are converted to a numeric code in accordance with the following general rules:

Rule Number	Instructions	Example
1	The first letter of the last name is never coded.	
2	The vowels A, E, I, O, U, and Y are never coded.	
3	The consonants H and W are never coded.	
4	Key letters and their equivalents are converted to code numbers. **Key Letter** — **Equivalents** — **Code Number** B — B, F, P, V — 1 C — C, G, J, K, Q, S, X, Z — 2 D — D, T — 3 L — L — 4 M — M, N — 5 R — R — 6	
5	The consonants of the last name, other than the first letter and H and W, are converted to their respective code numbers in the order in which they appear in the name.	**H**OLMES H452 45 2 **G**WILFOYLE G414 41 4
6	The numeric code always consists of three digits. The codes for names which do not contain three key letters or their equivalents are completed by adding zeros. Note that the zeros follow the assigned number code.	**G**RAHAM G650 6 5 **B**AILEY B400 4 **S**HAW S000
7	The soundex code for names that contain more than three key letters, or their equivalents, are complete when a three-digit numeric code has been assigned.	**V**ONDERLEHR V536 53 64 6
8	Two or more key letters, or their equivalents, appearing together are treated as one key letter and are assigned one number.	**B**ALLOU B400 4– **J**ACKSON J250 2– – 5
9	A key letter, or its equivalent, immediately following an initial letter (first letter of the last name) of the same group or value is not coded.	**S**CANLON S545 – 54 5 **S**CKLAR S460 ––4 6
10	Key letters, or their equivalents, separated by A, E, I, O, U, or Y are coded separately.	**H**ANNON H550 5– 5 **S**ALKIEWICS S422 42 2–
11	Key letters, or their equivalents, separated only by the letter W or the letter H are coded as one key letter. Note that in the name Schkolnik, the C is not coded because it is in the group equivalent to the letter S, and the first K is not coded because it is in the group equivalent to the letter C, from which it is separated only by an H.	**S**OKWZY S200 2 – **S**CHKOLNIK S452 – – 45 2
12	Abbreviated prefixes such as Mc or St. are coded as if spelled out.	**M**CKILHAN = MACKILHAN M245 2– 4 5 **S**T. JOHN = SAINT JOHN S532 53 2 –
13	An apostrophe or hyphen in a name is disregarded.	**O**'NEILL O540 5 4– **J**AMES-WALKER J524 5 2 4

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APPENDIX E:
Soundex Instructions

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- Soundexing is only done for the patient's last name (surname). If the patient has a hyphenated last name, type the full hyphenated name, omitting the hyphen and the correct Soundex code will be displayed.
- Soundex codes can be created electronically or manually. Generating a Soundex code electronically is preferable for a couple reasons:
    - ✓ It is much easier, saving time and resources.
    - ✓ It is more accurate because it is less prone to human error.
- On the next page are the instructions for manually creating a soundex code. Note the disparity between the instruction for manual Soundex code creation and electronic Soundex code creation. Electronic Soundexing is the way to go.

State of California—Health and Human Services Agency

Department of Health Services
Office of AIDS
HIV/AIDS Surveillance Program

SOUNDEXING INSTRUCTIONS

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2	The vowels A, E, I, O, U, and Y are never coded.	
3	The consonants H and W are never coded.	
4	Key letters and their equivalents are converted to code numbers. **Key Letter** — **Equivalents** — **Code Number** B — B, F, P, V — 1 C — C, G, J, K, Q, S, X, Z — 2 D — D, T — 3 L — L — 4 M — M, N — 5 R — R — 6	
5	The consonants of the last name, other than the first letter and H and W, are converted to their respective code numbers in the order in which they appear in the name.	**H**OLMES H452 45 2 **G**WILFOYLE G414 41 4
6	The numeric code always consists of three digits. The codes for names which do not contain three key letters or their equivalents are completed by adding zeros. Note that the zeros follow the assigned number code.	**G**RAHAM G650 6 5 **B**AILEY B400 4 **S**HAW S000
7	The soundex code for names that contain more than three key letters, or their equivalents, are complete when a three-digit numeric code has been assigned.	**V**ONDERLEHR V536 53 64 6
8	Two or more key letters, or their equivalents, appearing together are treated as one key letter and are assigned one number.	**B**ALLOU B400 4– **J**ACKSON J250 2– – 5
9	A key letter, or its equivalent, immediately following an initial letter (first letter of the last name) of the same group or value is not coded.	**S**CANLON S545 – 54 5 **S**CKLAR S460 ––4 6
10	Key letters, or their equivalents, separated by A, E, I, O, U, or Y are coded separately.	**H**ANNON H550 5– 5 **S**ALKIEWICS S422 42 2–
11	Key letters, or their equivalents, separated only by the letter W or the letter H are coded as one key letter. Note that in the name Schkolnik, the C is not coded because it is in the group equivalent to the letter S, and the first K is not coded because it is in the group equivalent to the letter C, from which it is separated only by an H.	**S**OKWZY S200 2 – **S**CHKOLNIK S452 – – 45 2
12	Abbreviated prefixes such as Mc or St. are coded as if spelled out.	**M**CKILHAN = MACKILHAN M245 2– 4 5 **S**T. JOHN = SAINT JOHN S532 53 2 –
13	An apostrophe or hyphen in a name is disregarded.	**O**'NEILL O540 5 4– **J**AMES-WALKER J524 5 2 4

DHS 8641 SC (9/01)

APPENDIX F:
Manual and Electronic Laboratory Reporting to Local Health Departments

-SAMPLE-

NOTIFICATION OF CONFIRMED HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST RESULT BY LABORATORY TO LOCAL HEALTH DEPARTMENT (06/2002)

LABORATORY REPORT NUMBER
(Specimen Accession Number or Other Unique Specimen Identifier)
85641972

DATE SPECIMEN TESTED 09/24/2002

SOUNDEX	DATE OF BIRTH	GENDER
S530052	05/19/76	☒ (1) Male ☐ (2) Female

(Complete only if provider cannot release patient's last name or soundex code)
PATIENT'S CODE #:

☐ (3) M-F ☐ (4) F-M

DATE SPECIMEN WAS COLLECTED
09/20/2002

PROVIDER:

NAME: Local Health Care Provider
ADDRESS: 456 Center St
CITY: Anytown STATE: CA ZIP CODE: 90000
PHONE: (888) 555-2222

LABORATORY: C1298001249830 5

NAME: Local Laboratory
ADDRESS: 123 Center St.
CITY: Anytown STATE: CA ZIP CODE: 90000
PHONE: (888) 555-1111

LABORATORY FINDINGS

A. HIV ANTIBODY TEST AT DIAGNOSIS — Positive

- HIV-1 EIA ..... ☒
- HIV-1/HIV-2 combination EIA ..... ☐
- HIV-1 Western Blot/IFA ..... ☒
- Other HIV antibody test ..... ☐

Specify: _____

B. *POSITIVE* HIV DETECTION TEST

☒ Culture ☐ Antigen ☐ PCR, DNA, or RNA probe
☐ Other
Specify: _____

C. VIRAL LOAD TEST

Result: _____

Units: ☐ copies/mL ☐ log(10)copies/mL

Test type: ☐ (11) *NASBA (Organon)* ☐ (12) *RT-PCR (Roche)* ☐ (13) *bDNA (Bayer)* ☐ (18) Other

INSTRUCTIONS FOR SUBMITTING CONFIRMED HUMAN IMMUNODEFICIENCY VIRUS (HIV) TEST* RESULTS *ELECTRONICALLY* BY LABORATORY TO LOCAL HEALTH DEPARTMENT (06/2002)

HIV/AIDS CASE REGISTRY
OFFICE OF AIDS
DEPARTMENT OF HEALTH SERVICES (DHS)

When submitting confirmed HIV test results electronically to local health jurisdictions, the following must be followed:

1) The file format must be MSDOS/Windows ASCII.

2) Each file should be named with an abbreviation of the submitting laboratory name, followed by the date of submission of the form **yyyymmdd**, and with the file extension **txt**.

   Example: **MYLAB20020529.TXT**.

3) Each file contains records, and each record represents **one** test result.

4) Each record consists of **fields**.

   a) Fields within a record are delimited by the pipe "|" symbol.
   b) This means that **NO DATA** can contain the symbol "|" as it is reserved for delimiting fields.
   c) A delimiter does not precede the first field and a delimiter does not follow the last field.
   d) **Missing or unknown values** are represented with a single period ".".
   e) Telephone numbers must include area codes.

5) It is highly encouraged that, whenever possible, each line in a file represents one record. The lines in each file end with the line-feed carriage-return that is typical of MSDOS and Windows.

6) In situations where the total length of a particular record exceeds the maximum logical record length permitted by your host system, then the record can span multiple lines and:

   a) Each line (except the last line) within that record must end with a **continuation character** "+", the plus symbol.
   b) The line that ends with the line-feed carriage-return and without the continuation character "+" is the end of the record.
   c) When doing this, one must be careful that the line ends with a "+" symbol **ONLY** when it is a continuation and not because the data itself ends with a plus "+".

7) The first record of each file must contain the following fields:

FIELD NO.	FIELD NAME	FIELD DESCRIPTION
1	LAB_NAME	Name of submitting laboratory (as shown on license)
2	LAB_CLIA	15-digit Clinical Laboratory Improvement Amendments (CLIA) certificate number of submitting laboratory
3	LAB_STREET	Street address of submitting laboratory
4	LAB_CITY	City where submitting laboratory is located
5	LAB_ST	State where submitting laboratory is located
6	LAB_ZIP	Zip code of submitting laboratory
7	LAB_PHONE	Phone number of appropriate contact person at the submitting laboratory

8) Test result records should begin on the second record of each file. The fields are as follows:

FIELD NO.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
1	SOUNDEX	Soundex code of patient's surname	Follow the coding instructions for soundex
2	BTHMO	Patient's month of birth	January ..... 01 February ..... 02 March ..... 03 April ..... 04 May ..... 05 June ..... 06 July ..... 07 August ..... 08 September ..... 09 October ..... 10 November ..... 11 December 12

FIELD NO.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
3	BTHDAY	Patient's day of birth	01 - 31
4	BTHYR	Patient's year of birth	4-digit year
5	GENDER	Patient's gender	Male ….. 1 Female ….. 2 M – F ….. 3 F – M ….. 4
6	CODE_BY_PVD	Patient's code assigned by provider (complete if provider cannot release patient's last name or soundex code)	
7	CLIENT_ID	The 8-digit California State DHS Client ID Number (provided only on the Confidential HIV Antibody Test lab slip – DHS 8257C (1/02))	
8	LAB_NO	Laboratory report number (specimen accession number or other unique specimen identifier)	
9	SP_COL_MO	Month specimen was collected	Same as BTHMO
10	SP_COL_DAY	Day specimen was collected	01 - 31
11	SP_COL_YR	Year specimen was collected	4-digit year
12	SP_TST_MO	Month specimen was tested	Same as BTHMO
13	SP_TST_DAY	Day specimen was tested	01 - 31
14	SP_TST_YR	Year specimen was tested	4 digit year
15	TEST_NAME	Name of laboratory test performed	
16	TEST_CODE	Code for laboratory test performed	If available, use Logical Observation Identifiers Names and Codes (LOINC); otherwise use code assigned by the laboratory

FIELD NO.	FIELD NAME	FIELD DESCRIPTION	CODING INSTRUCTIONS
17	RESULT	Result of laboratory test performed	
18	RESULT_CODE	Code for laboratory test result	If available, use Systemized Nomenclature of Medicine (SNOMED); otherwise use code assigned by the laboratory
19	UNITS	Units of laboratory test result	
20	PVD_NAME	Name of healthcare provider who submitted the specimen	
21	PVD_STREET	Street address of healthcare provider who submitted the specimen	
22	PVD_CITY	City where healthcare provider who submitted the specimen is located	
23	PVD_ST	State where healthcare provider who submitted the specimen is located	
24	PVD_ZIP	Zip code of healthcare provider who submitted the specimen	
25	PVD_PHONE	Phone number of healthcare provider who submitted the specimen	
26	FAC_NAME	Name of facility that submitted the specimen	
27	FAC_STREET	Street address of facility that submitted the specimen	
28	FAC_CITY	City where the facility that submitted the specimen is located	
29	FAC_ST	State where the facility that submitted the specimen is located	
30	FAC_ZIP	Zip code of facility that submitted the specimen	
31	FAC_PHONE	Phone number of facility that submitted the specimen	
32	UPDT_FLAG	Indicator of whether current report is an update of a previously reported test result with missing or incorrect data	New report ….. 0 Update ….. 1

9) Since the file contains no identifying information of the patient, the file should be stored on a 3.5” diskette and mailed to the local health jurisdiction in which the health care provider is located on a weekly basis.

*** “Confirmed HIV test” means:**

(a) a procedure which verifies the presence of HIV infection as determined by any clinical laboratory test or examination used to detect the presence of HIV, a component of HIV, or antibodies to or antigens of HIV, including the HIV antibody (HIV-Ab), HIV p-24 antigen, Western blot (Wb), and immunofluorescence antibody tests; or

(b) all tests used to monitor HIV infection, including HIV nucleic acid detection.

APPENDIX G:
California Health Department HIV/AIDS Surveillance Contacts

Note: This list of local health department Surveillance Contacts is current as of August, 2002. Updates to this list can be found on the California Department of Health Services Office of AIDS website at www.dhs.ca.gov/aids.

(*)indicates primary contact person

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT, DIVISION OF AIDS & COMMUNICABLE DISEASE

1000 Broadway, Fifth Floor
Oakland, CA 94607
FAX: 510.208.1278

*Barbara Green-Ajufo	E-mail: BAGreen@co.alameda.ca.us	510.268.2452
David Tucker		510.208.1271
Unit Phone		510.268.2372

ALPINE COUNTY HEALTH DEPARTMENT

P. O. Box 548
75 B Diamond Valley Road
Markleeville, CA 96120
FAX: 530.694.2770

*Lynette Bennett	E-mail: lbennett@alpinecountyca.com	530.694.2146

AMADOR COUNTY HEALTH DEPARTMENT

1003 Broadway, Suite 203
Jackson, CA 95642
FAX: 209.223.1562

*Janet Caccia	E-mail: jcaccia@co.amador.ca.us	209.223.6407

CITY OF BERKELEY PUBLIC HEALTH DEPARTMENT

2344 Sixth Street
Berkeley, CA 94710
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*Jose A. Ducos	E-mail: jducos@ci.berkeley.ca.us	510.981.5281
Ramsey Ramos	E-mail: rramos@ci.berkeley.ca.us	510.981.5343

BUTTE COUNTY PUBLIC HEALTH DEPARTMENT

695 Oleander Avenue
Chico, CA 95926
FAX: 530.891.2873

*Eric Sawtelle	(in Chico)	E-mail: esawtelle@buttecounty.net	530.895.6565
	(Oroville)		530.538.6109

Note: Address mail for Eric to:
Butte County Public Health Dept., 202 Mira Loma Drive, Oroville 95965

Charlotte Freer	E-mail: cfreer@buttecounty.net(Oroville)	530.538.6220
	(Oroville FAX)	530.538.6221

CALAVERAS COUNTY PUBLIC HEALTH DEPARTMENT

Government Center
891 Mountain Ranch Road
San Andreas, CA 95249
FAX: 209.754.6459

*Jill Sullivan	E-mail: jsullivan@co.calaveras.ca.us	209.754.6523
General Information		209.754.6460

COLUSA COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH DIVISION

251 East Webster Street
Colusa, CA 95932
FAX: 530.458.4136

*Martha Dragoo (Acting)	E-mail: mdragoo@ncen.org	530.458.0380

CONTRA COSTA COUNTY HEALTH SERVICES DEPARTMENT

Epidemiology, Surveillance, and Health Data
597 Center Avenue, Suite 350
Martinez, CA 94553
FAX: 925.313.6344

*Denise Root	E-mail: deniserigs@yahoo.com	209.313.6793
Maureen McHale	E-mail: mmchale@hsd.co.contra-costa.ca.us	209.313.6790

DEL NORTE COUNTY HEALTH AND SOCIAL SERVICES

880 Northcrest Drive
Crescent City, CA 95531
FAX: 707.465.6701

*Linda Nichols, R.N.	E-mail: lnichols@co.del-norte.ca.us	707.464.3191

EL DORADO COUNTY PUBLIC HEALTH DEPARTMENT

1360 Johnson Boulevard, Suite 103
South Lake Tahoe, CA 96150
FAX: 530.626.4713

*Valerie Rudd	E-mail: vruddtahoe@aol.com	530.573.3160

FRESNO COUNTY HEALTH SERVICES AGENCY

Communicable Disease
1221 Fulton Mall
P. O. Box 11867
Fresno, CA 93775
FAX: 559.445.3255

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Angie Perez		559.445.3569
Norma Penaloza		559.445.3569

GLENN COUNTY HEALTH SERVICES

240 North Villa Avenue
Willows, CA 95988
FAX: 530.934.6592

*Grinnell Norton	E-mail: gnorton@glenncountyhealth.net	530.934.6588

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Eureka, CA 95501
FAX: 707.445.7346

*Geoff Barrett	E-mail: gbarrett@co.humboldt.ca.us	707.268.2174

IMPERIAL COUNTY HEALTH DEPARTMENT

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El Centro, CA 92243
FAX: 760.352.9933

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Adriana Ramirez	E-mail: cmp@imperialcounty.net	760.482.4919

INYO COUNTY HEALTH & HUMAN SERVICES

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FAX: 760.873.7800

*Suzanne Stoutenburg	E-mail: sstouhhs@qnet.com	760.873.3914

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1800 Mt. Vernon Ave.
Bakersfield, CA 93305-4198
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Mary Hutson		661.868.0491

KINGS COUNTY PUBLIC HEALTH DEPARTMENT

Communicable Disease Program
330 Campus Drive
Hanford, CA 93230
FAX: 559.582.0927

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Gloria Littman	E-mail: glittman@co.kings.ca.us	559.584.1401	X-2875

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Lakeport, CA 95453
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Mary Dietz	E-mail: maryd@co.lake.ca.us	707.263.1090	X-268

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Susanville, CA 96130
FAX: 530.251.4871

*Joanna Zimmermann, P.H.N.	E-mail:	530.251.8384

CITY OF LONG BEACH DEPARTMENT OF HEALTH & HUMAN SERVICES

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Long Beach, CA 90815
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Christina Kau	E-mail: chkau@ci.long-beach.ca.us	562.570.4308

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Virginia Hu	E-mail: vhu@dhs.co.la.ca.us	213.351.8142

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Hugo Sanchez	E-mail: hugosanchez@netscape.net	559.675.7627

MARIN COUNTY HEALTH & HUMAN SERVICES

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MARIPOSA COUNTY PUBLIC HEALTH DEPARTMENT

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MERCED COUNTY PUBLIC HEALTH DEPARTMENT

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Merced, CA 95340-6216
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Sharleyne Jarvi	E-mail: he136@co.merced.ca.us	209.381.1050

MODOC COUNTY DEPARTMENT OF HEALTH SERVICES

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Alturas, CA 96101
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*Karen Bruhn	E-mail: modocbruhn@hotmail.com	530.233.6311

MONO COUNTY HEALTH DEPARTMENT

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Mammoth Lakes, CA 93546
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*Debbie Estrin, PHN	Mammoth Lakes	760.924.5410
	Bridgeport	760.932.7484

MONTEREY COUNTY HEALTH DEPARTMENT

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Salinas, CA 93906-3198
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Suzanne Moreno	E-mail: morenos1@co.monterey.ca.us	831.755.4606
Marilyn Lange	E-mail: langem@co.monterey.ca.us	831.755.4582

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NEVADA COUNTY COMMUNITY HEALTH

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ORANGE COUNTY HEALTH CARE AGENCY

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FAX: 909.358.5407

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David Lindsey E-mail: dlindse@co.santa-barbara.ca.us 805.681.5120

SANTA CLARA COUNTY PUBLIC HEALTH DEPARTMENT

Disease Control and Prevention
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San Jose, CA 95159-8239
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SANTA CRUZ COUNTY HEALTH SERVICES AGENCY

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Santa Cruz, CA 95060
FAX: 831.454.5049

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Leslie Goodfriend		831.454.4313

SHASTA COUNTY PUBLIC HEALTH DEPARTMENT

2652 Breslauer Way
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FAX: 530.225.5074

*Judith Townly, R.N.	E-mail: hivcoord@snowcrest.net	530.225.5065
Heidi Vert	E-mail: aidsprogram@snowcrest.net	530.225.5298

SIERRA COUNTY HEALTH DEPARTMENT

202 Front Street
P.O. Box 7
Loyalton, CA 96118
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*Janis Hardeman, R.N., P.H.N.	E-mail: jhschs@psln.com	530.993.6705

SISKIYOU COUNTY PUBLIC HEALTH

806 South Main Street
Yreka, CA 96097
FAX: 530.841.4076

*Blair Loftus, R.N., PHN	E-mail: bloftus@co.siskiyou.ca.us	530.841.4059 or; 1.800.442.2333

SOLANO COUNTY HEALTH & SOCIAL SERVICES DEPARTMENT

355 Tuolumne Street
Vallejo, CA 94590
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*John Castaneda	E-mail: Jcastaneda@solanocounty.com	707.553.5302

COUNTY OF SONOMA DHS, PUBLIC HEALTH DIVISION

625 Fifth Street
Santa Rosa, CA 95404-4428
FAX: 707.565.4401

Patricia Ensrud (AIDS cases)	E-mail: pensrud@sonoma-county.org	707.565.4580
*Susan Timko (HIV cases)	E-mail: stimko@sonoma-county.org	707.565.4533

STANISLAUS COUNTY HEALTH DEPARTMENT

820 Scenic Drive
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FAX: 209.558.7531

Jean Yokotobi	E-mail: jyokotobi@schsa.org	209.558.4800
*Maribel Lopez	E-mail: mlopez@schsa.org	209.558.8052

SUTTER COUNTY DEPARTMENT OF HUMAN SERVICES

1445 Circle Drive
P. O. Box 1510
Yuba City, CA 95991
FAX: 530.822.7223
General Information 530.822.7215

*Alice Williams-Root	E-mail: AWilliamsRoot@co.sutter.ca.us	530.822.7215

TEHAMA COUNTY HEALTH AGENCY

1860 Walnut Street
Red Bluff, CA 96080
FAX: 530.527.0362

*Sydnei Wilby		530.527.6824
Virginia Sandberg	E-mail: sandbergv@tcha.net	530.527.8491 X3618

TRINITY COUNTY HEALTH & HUMAN SERVICES DEPARTMENT

No. 1 Industrial Park Way
P. O. Box 1470
Weaverville, CA 96093
FAX: 530.623.1297

*Charlene Dunaetz	E-mail: cdunaetz@trinitycounty.org	530.623.8209 or; 1.800.766.6147 X-8209

TULARE COUNTY HEALTH & HUMAN SERVICES AGENCY

1062 South K Street
Tulare, CA 93274
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*Roberta Torres	E-mail: rtorres@tularehhsa.org	559.685.4847

TUOLUMNE COUNTY HEALTH DEPARTMENT

20111 Cedar Road North
Sonora, CA 95370
FAX: 209.533.7406

*Kathy Amos	E-mail: kamos@co.tuolumne.ca.us	209.533.7429
Sue Cervantes	E-mail: scervantes@co.tuolumne.ca.us	209.533.7426

VENTURA COUNTY PUBLIC HEALTH SERVICES

3147 Loma Vista Road
Ventura, CA 93003
FAX: 805.652.3320
General No.: 805.652.6583

*Lynn Bartosh	E-mail: lynn.bartosh@mail.co.ventura.ca.us	805.652.3313

YOLO COUNTY DEPARTMENT OF PUBLIC HEALTH

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Woodland, CA 95695

*Sue Heitman	E-mail: sue.heitman@ccm.yolocounty.org	530.666.8428
Sheila Allen	E-mail: sheilaa84@hotmail.com	530.666.8645 X9160
Surveillance FAX:		530.666.8239

YUBA COUNTY HEALTH DEPARTMENT

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Marysville, CA 95901
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*Lynne Olsen	E-mail: lolsen@ychsa.or	530.749.6786
Jeanne Mills	E-mail: jmills@ychsa.org	530.741.6366X6328